Prevention Through Understanding: INVESTIGATING UNEXPECTED CHILD DEATH

2023 Edition • www.mtsu.edu/sids
Presented by the Tennessee Department of Health, Tennessee Department of Children's Services, and the State Medical Examiner's Office in collaboration with Middle Tennessee State University
Prevention Through Understanding:
Investigating Unexpected Child Death

In collaboration with
Tennessee Medical Examiner’s Office, Tennessee Department of Health
Middle Tennessee State University, Center for Health and Human Services

In partnership with
Middle Tennessee State University, University College
Tennessee Department of Children’s Services

2023 Edition

NOTE
Videos are now on USB drives and not DVDs, along with PDF files of Trainee Book, Bereavement Booklet, and SUIDI Booklet.
Preface and Acknowledgments

The Sudden Unexplained Child Death Act, signed into law in May 2001 and amended in April 2002, states that all emergency medical technicians, firefighters, and law enforcement officers must receive training on the handling of cases of sudden, unexplained infant death as part of their basic and continuing training requirements (Tenn. Code Ann. § 68-1-1102, 2001 and supp. 2002). In June 2005, Tenn. Code Ann. § 68-1-1103 was signed into law, requiring an investigation into the sudden, unexplained death of any child from birth through age 17. The laws mandate that the Tennessee Departments of Health and Children's Services, in cooperation with the state's Medical Examiner's Office, develop the training program, rules, and minimum standards needed to comply with the law. Prevention Through Understanding: Investigating Unexpected Child Death is the result.

In addition to responding to the law, these materials may also be used to learn about Sudden Infant Death Syndrome (SIDS).

The welfare of Tennessee's children is important to all of us, and the death of even one child is a tragedy. By developing a more uniform approach to death investigation, we can more accurately determine the cause, manner, and circumstances of sudden, unexpected infant and child deaths. Prevention Through Understanding will provide emergency medical technicians, firefighters, and law enforcement personnel the information they need to respond appropriately and respectfully to one of the most professionally and personally challenging situations faced in death scene investigation.

On behalf of the Medical Examiner's Office and the Departments of Health and Children's Services, we wish to acknowledge those who gave their time, energy, and expertise to make this program possible. We thank the Center for Health and Human Services at Middle Tennessee State University for developing the training video and manuals and, through their partnership with MTSU's University College, for facilitating, implementing, and evaluating live and online training opportunities. We also thank the members of the Advisory Group for their invaluable assistance and all those associated with the making of the program's video presentation.

We hope these materials will be of interest and use to you as you perform the unique and difficult duties of your profession. We welcome your feedback and comments.

Please visit the Center for Health and Human Services website at mtsu.edu/chhs for links to training, trainer, and trainee resources, as well as to inquire about professional services offered to meet public health needs. For more information about the educational video and manual, contact the University College, Middle Tennessee State University, Attn: Prevention Through Understanding: Investigating Unexpected Child Death, MTSU Box 54, 1301 East Main Street, Murfreesboro, Tennessee 37132, 615-898-2177.
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Tennessee Medical Examiner

The Office of the Chief Medical Examiner (OCME) was incorporated into the Tennessee Department of Health July 1, 2012, as a full-time position for the first time in the history of the state. Operating under the Department of Health, the goal is to create statewide consistency of high quality medicolegal death investigation and forensic autopsy services. The purpose is to serve our fellow citizens by protecting the public’s health and safety, participating in the criminal justice system, and providing data for vital statistics.

Services provided by the Office of the Chief Medical Examiner:

- Educating and training county medical examiners, county medical investigators, and law enforcement in death investigation.
- Consulting service to county medical examiners and other local and state departments in forensic pathology and medicolegal death investigation.
- Archiving county medical examiner and autopsy reports from throughout Tennessee.
- Supplying copies of autopsy reports and/or reports of investigation by county medical examiners to the public.
- Autopsy Report Request Form (PDF)
- Ensuring payments are made to pathologists for autopsies performed through the medical examiner program.
- “The Chief Medical Examiner shall have investigative authority for certain types of death that are in the interests of the state, including mass fatality incidents, for the identification, examination and disposition of victims' remains, and instances that represent a threat to the public health or safety, or both.” TCA 38-7-103

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Section I–Introduction

Purpose

The purpose of this program is to help reduce the incidence of injury and death to infants and children by accurately identifying the cause and manner of death for those under 18 years of age. This will be accomplished by requiring that a death scene investigation be performed in all cases of sudden, unexpected infant and child death.

Overview of the Law

According to the law, all emergency medical technicians (EMTs), professional firefighters, and law enforcement officers shall receive training on the handling of cases of sudden, unexplained child death—including being sensitive to the grief of family members—as part of their basic and/or continuing training requirements. (Throughout this manual these professionals will also be described as “first responders.”) In addition, the chief medical examiner for Tennessee shall develop and implement a program for training child death pathologists. For every sudden, unexplained death of a child under 18, the attending physician or coroner shall notify the county medical examiner, who will coordinate the death investigation. The county medical examiner shall also contact local law enforcement personnel to conduct the death scene investigation, according to the protocol developed by the chief medical examiner. The chief medical examiner’s protocol is presented to you through this in-service program.

Why Target First Responders?

Like any other emergency situation, it is important to prepare for responding to a sudden infant or child death scene. This preparation should include an evaluation component to guide future performance. For example, if an infant death is due to Sudden Infant Death Syndrome (SIDS), it is important that first responders handle those tragedies with great care, giving families and care providers the empathy and support they deserve. Conversely, despite the presence of grieving parents and a lack of visible trauma, occasionally a child’s death can be the result of a criminal act or negligence. First responders have the difficult task of balancing the need for a thorough investigation with the concerns of the family and others involved in the event, recognizing that only a complete autopsy, medical history, and review of the death scene can determine the cause of an unexpected child death.

What Is Included in This Curriculum?

Prevention Through Understanding: Investigating Unexpected Child Death provides an educational video presentation as well as written information for trainers and trainees. The program manual includes the following:

1. Program Objectives
2. Recommended Program Format
3. Materials Needed for Presenting the Program
4. A Section Focused on Teaching the Program
5. A Post-Assessment Questionnaire
6. In-Service Tracking and Evaluation Forms
7. Appendices and References
Objectives of the In-Service Program

Upon completion of this program, law enforcement personnel should be able to conduct a child death scene investigation using the Sudden Unexplained Infant/Child Death Investigation (SUIDI) form developed by the Centers for Disease Control and Prevention and the Tennessee Medical Examiner. All first responder participants should be able to

1. discuss the Tennessee law requiring (a) an investigation of all sudden unexplained child deaths in the state, and (b) training of current and future EMT, firefighter, and law enforcement personnel;
2. define Sudden Infant Death Syndrome, or SIDS, and be able to describe what SIDS is and what SIDS is not;
3. identify specific risk factors for sudden infant death;
4. describe the roles of EMTs, firefighters, and law enforcement personnel as witnesses and investigators at a scene and describe how to respond appropriately and obtain information as required by the state medical examiner;
5. identify the critical surroundings and environment when responding to a scene;
6. demonstrate sensitivity and a nonjudgmental approach to family members and caregivers;
7. describe the role of Child Protective Services (CPS) and its investigations relating to child abuse and neglect;
8. describe the importance of the Child Fatality Review (CFR) team; and
9. identify resources for grieving families and care providers and support for professionals.

Recommended Program Format

It is important that trainers help participants feel comfortable and at ease. Encouraging positive communication is essential. The sensitive nature of this topic, particularly if some of the participants have had personal or professional experience with an infant or child death, may make the program difficult for some. The trainer should be prepared to moderate closely the discussion among participants, and trainees should be allowed to remain silent or leave the room if it becomes too difficult for them to participate in the discussion portion of the in-service program.

The running time for the video Prevention Through Understanding: Investigating Unexpected Child Death is approximately 45 minutes. You will need to allow time at the end of the program to summarize the main points, conduct an evaluation, and bring the discussion to a positive close. Estimated time for the complete program is approximately two hours.

Recommended Outline (2-hour session)

00:00–00:05 Participants sign in using tracking sheet
00:05–00:20 Introduce topic; go over program objectives and what to consider while watching the video
00:20–01:05 View video as a group
01:05–01:30 Discuss video content
01:30–01:45 Review investigative questionnaire (see note below)
01:45–01:55 Participants complete post-assessment questions
01:55–02:00 Participants complete evaluation form
Note: Law enforcement professionals are typically responsible for the actual scene investigation of a child death. EMS and firefighter professionals may spend less time on this topic area.

Materials Needed

Trainers will need the following to conduct the in-service program:

- TV/DVD player
- Whiteboard/chalkboard for listing objectives and discussion questions
- Trainee manuals, SUIDI booklets, and Bereavement Support booklets, one for each participant
- Tracking form, one for each class, located in the trainer manual
- Post-test questionnaires and evaluation forms, one in each trainee manual

Submitting Training Rosters After an In-Service

1. Online
   a. Visit www.mtsu.edu/sids and select the “Submit Training Online” Button.
   b. Complete the Trainee Tracking Sheet online. Note: If you are submitting more than 20 trainees at a time, you will need to submit additional forms.
   c. Once you have completed the form, save the form by selecting the save icon on the top toolbar. The save icon looks like a small disk and is the second from the left.
   d. Save the file to your desktop. Note: You may rename it as you please.
   e. After the file has been saved, please submit it by one of following steps:
      1. Open your email browser and send the saved form to John.Burchfield@mtsu.edu.
      2. If you are using a desktop email application such as Microsoft Outlook Express, Microsoft Outlook, Eudora, or Mail, you can select the Submit Form icon at the bottom of the training roster. An icon will appear for you to choose desktop email application. Select this button and send your roster.

2. Mail

Completed participation tracking forms should be mailed to:

Middle Tennessee State University
University College
Attn: Prevention Through Understanding
MTSU Box 54
1301 East Main Street
Murfreesboro, TN 37132

What to Consider While Watching the Video

While viewing the video, please be aware of the following:

1. the collaborative nature of the work of all first responders—EMTs, firefighters, and law enforcement—and the significant duties each professional has when responding to the scene of a nonresponsive child;

2. the importance of observing the surroundings and preserving the scene environment, understanding that law enforcement officers are typically responsible for investigating a child death scene while EMTs and firefighters are witnesses to the scene;
3. specific procedures and requirements for investigating a death scene, including interviewing techniques;
4. the roles and responsibilities of Child Protective Services (CPS) and Child Fatality Review (CFR) teams; and
5. the sensitivity and support shown to family members and care providers.

**Suggested In-Service Discussion Questions**

1. Discuss the Sudden Unexplained Child Death Act. What is its purpose? What are the major elements of the law?
2. What is Sudden Infant Death Syndrome? Are all unexplained infant deaths due to SIDS?
3. Was there any section of the video that you found particularly meaningful? Please describe it and why it struck you as significant.
4. In your experiences with a child’s death, what are your memories, what have you learned, and what advice would you pass on to other professionals?
5. Discuss the roles of emergency medical technicians, firefighters, and law enforcement at an unexpected child death scene.
6. Discuss the role of child protective services and the importance of the scene investigation for the Child Fatality Review team.
7. What system does your service have in place for contacting families in the event of acute illness or injury?
8. What approach have you found helpful in comforting parents/caregivers in their grief over the loss of an infant or child?
9. For law enforcement and other investigators, what questions do you have about using the SUIDI form?

**SIDS Online Training Courses**

This course is also available in a self-guided format. It is designed for participants to take the course individually and completely online. There are no registration fees, but it is required for you to complete a registration process online and score 70% or more to receive credit for this training. Upon successful completion, a certificate will be mailed to the address you provided to verify your credit for completing the course.

To register, visit [www.sidstrainingtn.org](http://www.sidstrainingtn.org).

Available course:

1. **Prevention Through Understanding: Investigating Unexpected Infant Death**

   Upon completion of this course, you will receive credit for the training requirements mandated by the State of Tennessee in response to the Sudden Unexplained Child Death Act.

2. **Sudden, Unexplained Infant Death Investigation: Guidelines for the Investigator**

   The purpose of this course is to provide uniform guidelines for the death scene investigators to facilitate a properly documented and effective investigation.
Section II–Teaching the Program

Understanding the Laws Governing Death Scene Investigation

The Sudden Unexplained Child Death Act, signed into law in May 2001 and amended in April 2002, mandates that first responders receive training on handling cases of sudden, unexplained infant death as part of their basic and continuing training requirements. (See Tenn. Code Ann. § 68-1-11, 68-142, 68-3-5, 2001 and 68-1-1102, Supp., 2002.) In June 2005, Tenn. Code Ann. § 68-1-1103 was signed into law, requiring an investigation into the sudden unexplained death of any child from birth through age 17. The purpose of the law is to help reduce the incidence of injury and death to infants and children by accurately identifying the cause and manner of death. This is accomplished by requiring that a death investigation be performed in all cases of sudden, unexpected child death.

According to the law, all emergency medical technicians (EMTs), professional firefighters, and law enforcement officers should receive training on the handling of cases of sudden, unexplained child death—including being sensitive to the grief of family members—as part of their basic and continuing training requirements. (As of December 31, 2003, law enforcement officers were no longer required to receive this training as part of their continuing training requirements, but it is still part of their basic training. See Tenn. Code Ann. § 68-1-1102 (d), Supp., 2002, including compiler’s notes). In addition, the chief medical examiner for Tennessee shall develop and implement a program for training child death pathologists.

For every sudden, unexplained death of a child under 18 years of age, the attending physician or coroner shall notify the county medical examiner, who will coordinate the death investigation. The county medical examiner will contact local law enforcement personnel to conduct the death scene investigation, according to the protocol developed by the chief medical examiner for the state. The law also permits the Tennessee Department of Health to reimburse county governments for autopsies performed in these investigations, provided the Sudden Unexplained Infant/Child Death Investigation (SUIDI) form is used to complete the investigation. The maximum allowable cost per autopsy is $1,250. Appendix A provides a copy of the full text of the laws. Please see page 9 for a copy of the SUIDI form.

Understanding Sudden Unexpected Infant Death

Definition of Sudden Unexpected Infant Death — This is an umbrella phrase that describes all infant deaths that happen suddenly and unexpectedly. The manner and cause of death are not clear before an investigation is done.

Definition of Sudden Infant Death Syndrome (SIDS) — This refers to the sudden death of an infant less than one year of age that can’t be explained after a thorough investigation is conducted. This includes a complete autopsy, examination of the death scene, and review of the medical history.

Definition of Sleep-Related Death — This refers to infant deaths caused by circumstances in the sleep environment such as pillows, blankets or stuffed animals in the crib, a baby sleeping on a surface other than a crib, or a baby sleeping with an adult.

Facts About SIDS

Studies have shown that many sudden unexpected infant deaths are caused by an unsafe sleep environment. These deaths are preventable when parents and caregivers follow these safe sleep recommendations:

• always be placed on their backs to sleep
• sleep alone in a crib or bassinet, although it should be in the same room as an adult caregiver
• no bumper pads, blankets, stuffed animals, toys, or pets in their cribs
• sleep on a firm crib mattress with the mattress covered only by a fitted sheet
SIDS in Tennessee Before and After the Back to Sleep Campaign

The Back to Sleep campaign is named for its recommendation to place healthy babies on their backs to sleep. Placing babies on their backs to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). Originally recommended by the American Academy of Pediatrics in 1992, the Back to Sleep national public education campaign began in 1994. Since that time, there has been a dramatic decrease in SIDS cases nationwide.

The new national Safe to Sleep® campaign, formerly known as the Back to Sleep campaign, has helped educate millions of caregivers about ways to reduce the risk of SIDS and other sleep-related causes of infant death. The campaign builds on the successes of Back to Sleep to address SIDS and other sleep-related causes of infant death and to continue spreading safe sleep messages to members of all communities. These recommendations include sleeping alone and in a crib. Since the start of the campaign, SIDS rates in the United States have decreased by almost 50%, both overall and within various racial/ethnic groups.

Appendix B provides data on SIDS and sleep-related deaths in Tennessee from 2005 to 2010.

Understanding Child Protective Services (CPS) and Abuse and Neglect Cases

The Department of Children’s Services responds to over 37,000 reports of child abuse and neglect a year. Every day, more than 100 children are reported abused or neglected in Tennessee. The Child Protective Services (CPS) division strives to protect children whose lives or health are seriously jeopardized because of abusive acts or negligence. The division also supports the preservation of families. According to Tennessee law, all persons (including doctors, mental health professionals, child care providers, dentists, family members, and friends) must report suspected cases of child abuse or neglect to either the Department of Children’s Services, the juvenile court judge of jurisdiction, or the county sheriff. Failure to report a suspected case is a violation of the law. Each year, the Tennessee Child Protective Services staff conducts over 30,000 child abuse and neglect investigations affecting more than 40,000 children. These investigations are conducted to determine the condition of the children, to assess their safety, to evaluate their risk of any future harm, and to plan for their well-being.

Department practices risk-oriented case management and considers the following issues:

- investigating referrals of child abuse or neglect
- identifying the risks that contributed to the abuse or neglect
- delivering appropriate services to reduce risks
- evaluating the success of the intervention
- continuing services, if necessary
- closing the case or reuniting the child/children and family

Appendix C provides additional information on Child Protective Services including 24-hour contact information for reporting abuse and neglect.

Understanding Child Fatality Review (CFR) Teams

The Child Fatality Review and Prevention Act of 1995 established a statewide network of child fatality review teams. These multidiscipline, multiagency teams have been established in the 31 judicial districts in Tennessee to review all deaths of children 17 years of age or younger. The purpose of the Child Fatality Review teams is to promote an understanding of the causes of childhood deaths, identify deficiencies in the delivery of services to children and families, and make and carry out recommendations that will prevent future child deaths.

The state Child Fatality Review team reviews reports from local teams, analyzes statistics of the incidence and causes of child deaths, and makes recommendations to
the governor and General Assembly to promote the safety and well-being of children. Tennessee is part of a national movement to identify why children are dying and what preventive measures can be taken.

Law enforcement investigators who fill out the SUIDI form completely and accurately play an important role in helping the Medical Examiner’s Office and Child Fatality Review teams confirm or determine the actual cause of a child’s death.

Appendix C provides Child Fatality Review team information, a copy of the current CFR data collection form, and fatality review judicial districts.

How to Respond to an Unexpected Child Death Scene

When responding to the scene of an unexpected infant or child death, it is important to maintain nonjudgmental, compassionate interaction with families and caregivers. If resources allow, it may be helpful to make an additional health care provider or professional available to support and assist the family in gathering items for the trip to the hospital. Calling on clergy or other community support persons for this may require that someone stay behind at the scene until additional resources arrive.

Key on-scene actions include
1. observing the scene for the position of the child when first responders arrive;
2. noting on the baby the presence of any markings, color changes, or bleeding as well as the color and consistency of other body fluids;
3. recording the presence of any objects in close proximity that may have been involved in the scene;
4. noting the behavior of persons present; and
5. documenting all observations and interactions with the family or caregiver in a factual, objective manner, while keeping in mind that all written documentation may be collected as evidence in the investigation.

Some families may want to be in the room during resuscitation efforts. However, their presence can transform a focused, technical environment into a highly emotional one. Remember that the health care provider’s first responsibility is to the child patient. Many elements need to be in place so that a family’s presence during resuscitation does not jeopardize patient care, including
1. available staff to stay with the family to explain and continually assess the family members’ ability to withstand this additional trauma;
2. a controlled environment, relatively free of chaos; and
3. continued assessment of the appropriateness of the presence of family members and a willingness to remove them if the situation requires it (Minnesota Sudden Infant Death Center, 2003).

Compassionate Interaction

Compassionate interaction is crucial in a death scene investigation. A parent or caregiver’s immediate reaction to a child’s death may be shock, denial, disbelief, or a sense of numbness or unreality. These are completely normal and cushion the impact of the loss until the parents are ready to face the devastating reality of their child’s death. Although grief is a normal process and not an illness, often it is helpful for those who are grieving to share what they are feeling with someone outside the family. Doctors, social workers, and other counselors, nurses, and clergy can all be sympathetic. Demonstrating concern for the family/caregiver is helpful, but health care providers must be careful not to place the family/caregiver in a position of having to console the provider or first responder. Tears are acceptable as long as the provider is still able to function and does not seek comfort from the bereaved. Allow the family members to react in their own manner without trying to control their behavior. The grieving process is unique to each individual and to each culture. The variety of reactions should be respected as long as family members do not pose a danger to themselves or to others. Appendix B provides additional information on SIDS and grief. Appendix D and the Bereavement Support Services booklet offer local and national support and information resources.
Conducting an Infant or Child Death Scene Investigation

Child death investigation is different than many other types of investigations. It involves a combination of witness interviews, unique types of scene evidence, and medical evidence. A thorough investigation is a team effort. All first responders have a duty to perform resuscitation efforts or seek medical help, secure the scene, identify potential witnesses, and determine what, if any, evidence needs to be preserved. Law enforcement personnel typically conduct the actual death scene investigation; other first responder professionals are witnesses to the scene. It is important to remember that in most cases the death is due to natural or accidental causes. Parents will be in shock and may blame themselves for the death of their child. You are initially there to interview, not interrogate. Approach the scene with compassion and concern.

The Centers for Disease Control and Prevention's Infant Death Scene Investigation: Guidelines for the Scene Investigator publication included in this kit gives guidelines for conducting a reenactment scene with dolls. By ensuring photographic documentation of the infant at the scene, a permanent record of the body is created, and the infant's terminal position, appearance, and any external trauma is included in this documentation. As explained in the publication, when the infant's body has been moved, doll reenactments allow for the visualization and documentation of the discovered position as well as for the initial placed position. Please reference page 17 of the CDC publication for additional guidelines on doll reenactments.

Completing and Submitting the SUIDI Form

The Sudden Unexplained Infant/Child Death Investigation (SUIDI) form is provided on the following pages. It was developed by the Centers for Disease Control and Prevention and is endorsed by the Tennessee Medical Examiner's Office. The information solicited on the SUIDI form is required for all unexplained infant and child deaths under 18 years of age, particularly the SUIDI Top 25.

Law enforcement personnel will conduct the investigation at the request of the county medical examiner. Law enforcement personnel assigned to the investigation will complete the SUIDI form and submit it to the county medical examiner; a copy shall be provided to the child death pathologist assigned to conduct the autopsy.

The SUIDI Top 25 is listed below. A copy of the complete SUIDI form begins on the following page. Guidelines titled “How to Use SUIDI Reporting Forms” appear after the form. These pages may be copied as needed. For more information and for electronic versions of the SUIDI form and guide, please go to www.cdc.gov/sids.

SUIDI Top 25

Forensic pathologists consider the following information critical to the determination of the cause and manner of death with regard to the investigation of sudden, unexplained child death. The following scene/case information should be collected and provided to the forensic pathologist BEFORE the performance of the forensic autopsy:

1. Case information
2. Evidence of asphyxia
3. Sharing sleep surfaces
4. Change in sleep conditions
5. Evidence of hyperthermia/hypothermia
6. Environmental scene hazards
7. Unsafe sleeping conditions
8. Diet or recent change in diet
9. Recent hospitalizations
10. Previous medical diagnosis
11. History of acute life threatening events
12. History of medical care - without diagnosis
13. Recent fall or other injury
14. History of religious, cultural, or ethnic remedies
15. COD due to natural causes - other than SIDS
16. Prior sibling deaths
17. Previous encounters with police or social service agencies
18. Request for tissue or organ donation
19. Objection to autopsy
20. Pre-terminal resuscitative treatment
21. Death due to trauma (injury), poisoning, or intoxication
22. Suspicious circumstances
23. Other alerts for pathologist’s attention
24. Description of the circumstances surrounding the death
25. Pathologist contact information
Sudden Unexpected Infant Death Investigation
Reporting Form

For use during the investigation of infant (under 1 year of age) deaths that are sudden, unexpected, and unexplained prior to investigation.

INFANT DEMOGRAPHICS

1. Infant information. Full name: ___________________________ Date of birth: (mm/dd/yyyy) __________
   Age: _______ SS#: ______________________ Case number: ______________________
   Primary residence address: ______________________________________________________
   City: __________________________ State: ______________________ Zip: __________

2. Race:  ○ White  ○ Black/African Am.  ○ Asian/Pacific Islander  ○ Am. Indian/Alaskan Native  ○ Hispanic/Latino  ○ Other

3. Sex:  ○ Male  ○ Female

PREGNANCY HISTORY

1. Birth mother information.  ○ Unavailable  Full name: __________________________
   Maiden name: __________________________ Date of birth: (mm/dd/yyyy) __________ SS#: ______________________
   Current address: _____________________________________________________________
   ○ Same as infant’s primary residence address above City: __________________________
   State: ______________________ Zip: __________ Email address: __________________________

2. How long has the birth mother been at this address?  Years: ______  Months: ______  Days: ______

3. Previous address(es) (cities/county/states) in the past 5 years:
____________________________________________________________________________________

4. Did the birth mother receive prenatal care?  ○ Yes  ○ No  ○ Unknown
   If yes: At how many weeks or months did prenatal care begin?  ______ Weeks  ______ Months
   How many prenatal care visits were completed?  __________

5. Where did the birth mother receive prenatal care? Physician/Provider:
   Hospital or Clinic: __________________________ Phone: __________________________
   Address: _________________________________________________________________
   City: __________________________ State: ______________________ Zip: __________

6. Did the birth mother have any complications, medical conditions, or injuries during her pregnancy?  (e.g., high blood pressure, bleeding, gestational diabetes, fall, or accident)
   ○ Yes  ○ No  ○ Unknown
   If yes, describe:
   __________________________________________________________________________
   __________________________________________________________________________
7. During her pregnancy, did the birth mother use any of the following?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Use</th>
<th>Specify Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over the counter medications</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribed medications</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herbal remedies</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illicit drugs (e.g., heroin)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco (e.g., cigarettes or e-cigarettes)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INFANT HISTORY

1. Source of infant medical history information. (check all that apply)
   - [ ] Doctor
   - [ ] Other health care provider
   - [ ] Medical record
   - [ ] Parent or primary caregiver
   - [ ] Other family member
   - [ ] Other, specify:

2. Were there any complications during delivery or at birth? (e.g., emergency C-section, or infant needed oxygen)
   - [ ] Yes
   - [ ] No
   - [ ] Unknown
   - If yes, describe:

3. Did the infant have abnormal newborn screening results?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown
   - If yes, describe:

4. Infant's length at birth:   [ ] IN  [ ] CM

5. Infant's weight at birth:   [ ] LBS and OZ  [ ] GM

6. Compared to the due date, when was the infant born?
   - [ ] Early (before 37 weeks)
   - [ ] Late (after 41 weeks)
   - [ ] On time
   - [ ] How many weeks?
   - Infants due date: (mm/dd/yyyy)

7. Was the infant a singleton or multiple birth?
   - [ ] Singleton
   - [ ] Twin
   - [ ] Triplet
   - [ ] Quadruplet or higher

8. Was the infant born with Neonatal Abstinence Syndrome (NAS)? *(NAS is a drug withdrawal syndrome in newborns exposed to substances, like opioids, before birth)*
   - [ ] Yes
   - [ ] No
   - [ ] Unknown
   - If yes, did the infant need pharmacologic treatment?
     - [ ] Yes
     - [ ] No
     - [ ] Unknown

9. Fill out the contact information for the infant's regular pediatrician and birth hospital.

<table>
<thead>
<tr>
<th>Item</th>
<th>Regular Pediatrician</th>
<th>Birth Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Of last visit:</td>
<td>Of discharge:</td>
</tr>
<tr>
<td>Name of hospital or clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. Describe the two most recent times the infant was seen by a health care provider.
   (Include ER and clinic visits, hospital admissions, observational stays, regular pediatrician, and phone calls)

<table>
<thead>
<tr>
<th>Visit type</th>
<th>1st most recent visit</th>
<th>2nd most recent visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action taken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician’s name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital or clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Did the infant have any of the following?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Within 72 hrs of incident</th>
<th>At any time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>○ Yes ○ No ○ Unknown</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>○ Yes ○ No ○ Unknown</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>○ Yes ○ No ○ Unknown</td>
<td></td>
</tr>
<tr>
<td>Excessive sweating</td>
<td>○ Yes ○ No ○ Unknown</td>
<td></td>
</tr>
<tr>
<td>Stool changes</td>
<td>○ Yes ○ No ○ Unknown</td>
<td></td>
</tr>
<tr>
<td>Lethargy or sleeping more than usual</td>
<td>○ Yes ○ No ○ Unknown</td>
<td></td>
</tr>
<tr>
<td>Difficulty breathing</td>
<td>○ Yes ○ No ○ Unknown</td>
<td></td>
</tr>
<tr>
<td>Fussiness or excessive crying</td>
<td>○ Yes ○ No ○ Unknown</td>
<td></td>
</tr>
<tr>
<td>Exposure to anyone who was sick (e.g., at home or at daycare)</td>
<td>○ Yes ○ No ○ Unknown</td>
<td></td>
</tr>
<tr>
<td>Decrease in appetite</td>
<td>○ Yes ○ No ○ Unknown</td>
<td></td>
</tr>
<tr>
<td>Falls or injuries</td>
<td>○ Yes ○ No ○ Unknown</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td>○ Yes ○ No ○ Unknown</td>
<td></td>
</tr>
</tbody>
</table>

If yes to any of the above, describe:
12. Infant exposed to second hand smoke? (environmental tobacco smoke)  ○ Yes  ○ No  ○ Unknown
   If yes, how often?  ○ Frequently (several times a week)  ○ Occasionally (several times a month)  ○ Unknown

13. In the 72 hours before death, was the infant given any vaccinations or medications? (include any home remedies, herbal medications, prescription medications, over-the-counter medications)

<table>
<thead>
<tr>
<th>Vaccine or medication name</th>
<th>Dose last given</th>
<th>Date given (mm/dd/yy)</th>
<th>Approx. time given</th>
<th>Reasons given or comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Was the infant last placed to sleep with a bottle?  ○ Yes  ○ No  ○ Unknown
   If yes, was the bottle propped? (object used to hold bottle while infant feeds)  ○ Yes  ○ No  ○ Unknown
   If yes: What object propped the bottle? ________
   Could the infant hold the bottle?  ○ Yes  ○ No  ○ Unknown

15. Who was the last person to feed the infant? (name and familial relationship to infant)


17. Was the infant ever breastfed?  ○ Yes  ○ No  ○ Unknown
   If yes, for how many months? ________

18. What did the infant consume in the 24 hours prior to death?

<table>
<thead>
<tr>
<th>Consumed?</th>
<th>If yes, describe</th>
<th>If yes, newly introduced?</th>
<th>If yes, was this the last thing consumed prior to incident?</th>
<th>If last fed, indicate quantity</th>
<th>If last fed, indicate date and time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Breastmilk</td>
<td></td>
<td>○ Yes  ○ No  ○ Unknown</td>
<td>○ Yes  ○ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Formula</td>
<td>□</td>
<td>○ Yes  ○ No  ○ Unknown</td>
<td>○ Yes  ○ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Water</td>
<td>□</td>
<td>○ Yes  ○ No  ○ Unknown</td>
<td>○ Yes  ○ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other liquids</td>
<td>□</td>
<td>○ Yes  ○ No  ○ Unknown</td>
<td>○ Yes  ○ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Solids</td>
<td></td>
<td>○ Yes  ○ No  ○ Unknown</td>
<td>○ Yes  ○ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other</td>
<td></td>
<td>○ Yes  ○ No  ○ Unknown</td>
<td>○ Yes  ○ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. Among the infant's blood relatives (siblings, parents, grandparents, aunts, uncles, or first cousins) was there any...
   Sudden or unexpected death before the age of 50?  ○ Yes  ○ No  ○ Unknown
   Heart disease? (e.g., cardiomyopathy, Marfan or Brugada syndrome, long or short QT syndrome, or catecholaminergic polymorphic ventricular tachycardia)  ○ Yes  ○ No  ○ Unknown
   If yes to either, describe: (include relation to infant)
20. Did the infant have any birth defect(s)?  ○ Yes  ○ No  ○ Unknown
   If yes, describe:

21. Was the infant able to roll over on his or her own? (check all that apply)  □ Front to back  □ Back to front

22. Indicate the infant’s ability to lift or hold his or her head up.  ○ Unable  ○ 1 second  ○ 5 seconds  ○ ≥10 seconds  ○ Unknown

23. Was the infant meeting or not meeting growth and developmental milestones? (e.g., sitting up, crawling, rolling over, or feeding well. Include if the caregiver, supervisor, or medical professional had any concerns.)

24. Is there anything else that may have affected the infant that has not yet been documented? (e.g., exposed to fumes, infant unusually heavy, placed with positional support or wedge, or international travel)

INCIDENT SCENE INVESTIGATION

1. Incident scene (place infant found unresponsive or dead), Type of location? (e.g., primary residence, daycare, or grandmother’s house)

   Address: __________________________________________ City: __________________________
   State: __________________________ Zip: __________________________

2. Was the infant in a new or different environment? (not part of the infant’s normal routine)  ○ Yes  ○ No  ○ Unknown
   If yes, describe:

3. Did the death occur at a daycare?  ○ Yes  ○ No  ○ Unknown
   If yes: How many children younger than 18 years of age were under the care of the provider at the time of the incident? (Including their own children) _______
   How many adults aged 18 years or older were supervising the child(ren)? _______
   How long has the daycare been open for business? __________________________
   Is the daycare licensed?  ○ Yes  ○ No  ○ Unknown
   If yes: License number? __________________________ Licensing agency?

4. How many people live at the incident scene?  Children (younger than 18 years) _______  Adults (18 years or older) _______

5. What kind of heating or cooling sources were being used at the incident scene? (e.g., A/C window unit, wood-burning fireplace, or open window)

6. Was there a working carbon monoxide (CO) alarm at the incident scene?  ○ Yes  ○ No  ○ Unknown

7. Indicate the temperature of the room where the infant was found unresponsive, and the surrounding area. (Fill in temperatures)
   Thermostat setting: _______  Thermostat reading: _______  Incident room: _______  Outside: _______  Time of reading: _______

8. Which of these devices were operating in the room where the infant was found unresponsive? (check all that apply)
   □ Fan  □ Apnea monitor  □ Humidifier  □ Vaporizer  □ Air purifier  □ None  □ Unknown
   □ Other, specify: __________________________

9. What was the source of drinking water at the incident scene? (check all that apply)
   □ Public or municipal water  □ Bottled water  □ Well water  □ Unknown
   □ Other, specify: __________________________
10. Which of the following were present at the incident scene? (check all that apply)

☐ Insects  ☐ Mold growth  ☐ Smokey smell  ☐ Pets  ☐ Dampness  ☐ Peeling paint  ☐ Visible standing water

☐ Presence of alcohol containers  ☐ Rodents or vermin  ☐ None

☐ Odors or fumes, describe: ____________________________

☐ Presence of prescription drugs, describe: ____________________________

☐ Presence of illicit drugs or drug paraphernalia, describe: ____________________________

☐ Other, describe: ____________________________

11. Describe the general appearance of incident scene. (e.g., cleanliness, hazards, or overcrowding)

________________________________________________________________________________________

12. Is there anything else that may have affected the infant that has not yet been documented? (e.g., drug or alcohol use at scene, history of domestic violence, or child abuse or neglect)

________________________________________________________________________________________

INCIDENT CIRCUMSTANCES

1. Who was the usual caregiver(s)? (name(s) and familial relationship to infant)

________________________________________________________________________________________

2. Who was the caregiver(s) at the time of the incident? (name(s) and familial relationship to infant)

________________________________________________________________________________________

3. Who found the infant unresponsive? (If caregiver is same as birth mother Skip question #3)

   Full name: ____________________________

   Address: ____________________________ City: ____________________________

   State: ____________________________ Zip: ____________________________ Date of birth: ____________________________

   Email address: ____________________________ Phone number: ____________________________

   Work address: ____________________________

   Familial relationship to infant? (e.g., birth mother, grandfather, or adoptive or foster parent)

________________________________________________________________________________________

4. Describe what happened. (Include details about how the infant was found)

________________________________________________________________________________________

5. Was there anything different about the infant in the last 24 hours?  ☐ Yes  ☐ No  ☐ Unknown

If yes, describe: ____________________________

6. What was the temperature in the incident room?  ☐ Hot  ☐ Cold  ☐ Normal  ☐ Other

7. Was there a crib, bassinet, or portable crib at the place of incidence?  ☐ Yes  ☐ No  ☐ Unknown

If yes, was it in good or usable condition? (e.g., not broken or not full of laundry)  ☐ Yes  ☐ No  ☐ Unknown

If no, explain: ____________________________
8. Where was the infant (P)laced before death, (L)ast known alive, (F)ound, and (U)usually placed? (write P, L, F, or U, leave blank if none)

______ Crib _______ Portable crib _______ Waterbed _______ Stroller _______ Playpen/play area (not portable crib)
______ Bassinet _______ Sofa/couch _______ Swing _______ Futon _______ Bouncy chair
______ Bedside sleeper _______ Chair _______ Baby box _______ Floor _______ Rocking sleeper
______ Car seat _______ Unknown _______ Held in person’s arms _______ In-bed sleeper
______ Other, specify: ____________________________________________________________

______ Adult bed — If yes, what type?  ☐ Twin  ☐ Full  ☐ Queen  ☐ King  ☐ Unknown
☐ Other, specify: ____________________________________________________________

9. Describe the condition and firmness of the surface where the infant was found.


10. Was the infant wrapped or swaddled?  ☐ Yes  ☐ No  ☐ Unknown
If yes: Describe the arm position.  ☐ Arms free and out  ☐ Arms in  ☐ One arm in and one arm out
Describe swaddle.  (include blanket type and tightness) ____________________________________________

11. What was the infant wearing?  (e.g., t-shirt or disposable diaper)

12. What was the infant’s usual sleep position?  ☐ Sitting  ☐ Back  ☐ Stomach  ☐ Side  ☐ Unknown

13. Describe the circumstances of infant when last placed by caregiver, last known alive, and found.

<table>
<thead>
<tr>
<th>Date</th>
<th>Placed</th>
<th>Last known alive</th>
<th>Found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location (e.g., living room or bedroom)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Position (e.g., sitting, back, stomach,</td>
<td>side, or unknown)</td>
</tr>
<tr>
<td>Face position (e.g., down, up, left, right, or unknown)</td>
<td></td>
</tr>
<tr>
<td>Neck position (e.g., hyperextended or head back, hyperextended or chin to chest, neutral, or turned)</td>
<td></td>
</tr>
</tbody>
</table>

14. Was the infant’s airway obstructed by a person or object when found?  (includes obstruction of the mouth or nose, or compression of the neck or chest)

☐ Unobstructed  ☐ Fully obstructed  ☐ Partially obstructed  ☐ Unknown
If fully or partially, what was obstructed or compressed?  (check all that apply) ☐ Nose  ☐ Mouth  ☐ Chest  ☐ Neck
15. Indicate the items present in the sleep environment and their positional relation to the infant when the infant was found.

<table>
<thead>
<tr>
<th>Item</th>
<th>Present?</th>
<th>If yes, position in relation to infant?</th>
<th>If yes, did object obstruct the infant's mouth, nose, chest, or neck?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult(s) (18 years or older)</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Other child(ren) (younger than 18 years)</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Animal(s)</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Mattress</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Comforter, quilt or other</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Fitted sheet</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Thin blanket</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Pillow(s)</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Cushion</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Nursing or u-shaped pillow</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Sleep positioner (wedge)</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Bumper pads</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Clothing (not on a person)</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Crib railing or side</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Wall</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Toy(s)</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
<td>Over</td>
<td>Under</td>
</tr>
</tbody>
</table>

If yes to adult(s) or child(ren) sharing sleep surface with the infant, complete table below. □ NA

<table>
<thead>
<tr>
<th>Name of individual(s) sharing sleep surface with infant</th>
<th>Relationship to infant</th>
<th>Age</th>
<th>Height</th>
<th>Weight</th>
<th>Impaired by drugs or alcohol?</th>
<th>Fell asleep feeding infant?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If yes to impaired, describe:

16. Were there any secretions present at the scene? □ Yes □ No □ Unknown

If yes, describe: (include where they were found)

17. Was there evidence of wedging? (wedging is an obstruction of the nose or mouth, or compression of the neck or chest as a result of being stuck or trapped between inanimate objects) □ Yes □ No □ Unknown

If yes, describe:

18. Was there evidence of overlay? (overlay is an obstruction of the nose or mouth, or compression of the neck or chest as a result of a person rolling on top of or against an infant) □ Yes □ No □ Unknown

If yes, describe:

19. Was the infant breathing when found? □ Yes □ No □ Unknown

If no, did anyone witness the infant stop breathing? □ Yes □ No □ Unknown
20. Describe the infant's appearance when found. (indicate all that apply)

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discoloration around face, nose, or mouth</td>
<td>Yes No Unknown</td>
</tr>
<tr>
<td>Secretions or fluids (e.g., foam, froth, or urine)</td>
<td>Yes No Unknown</td>
</tr>
<tr>
<td>Skin discoloration (e.g., livor mortis, pale areas, darkness, or color changes)</td>
<td>Yes No Unknown</td>
</tr>
<tr>
<td>Pressure marks (e.g., pale areas, or blanching)</td>
<td>Yes No Unknown</td>
</tr>
<tr>
<td>Rash or petechiae (e.g., small, red blood spots on skin, membrane, or eyes)</td>
<td>Yes No Unknown</td>
</tr>
<tr>
<td>Marks on body (e.g., scratches or bruises)</td>
<td>Yes No Unknown</td>
</tr>
<tr>
<td>Other:</td>
<td>Yes No Unknown</td>
</tr>
</tbody>
</table>

21. What did the infant feel like when found? (check all that apply)

- Sweaty
- Warm to touch
- Cool to touch
- Limp/flexible
- Rigid/stiff
- Unknown

Other, specify:

22. Did EMS respond? Yes No Unknown

If yes, was the infant transported? Yes No Unknown

23. Was resuscitation attempted? Yes No Unknown

If yes: By whom? (e.g., EMS, bystander, or parent)

Date: (mm/dd/yyyy) Time: Type of compression? (check all that apply)

- Two finger
- One hand
- Two hands

Was rescue breathing done? Yes No Unknown

The following questions refer to the caregiver(s) at the time of death.

24. Has the caregiver ever had a child under their care die suddenly and unexpectedly? Yes No Unknown

If yes, explain: (include familial relationship of child and infant, and cause of death)

25. Were the infant and caregiver in the same room at the time of the incident, but not sharing the same sleep surface? Yes No Unknown

N/A - sharing a sleep surface

26. Was the infant's caregiver using any of the following during the incident? (indicate all that apply)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Caregiver used?</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Over the counter medications</td>
<td>Yes No Unknown</td>
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<tr>
<td>Prescription medications</td>
<td>Yes No Unknown</td>
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<tr>
<td>Opioids</td>
<td>Yes No Unknown</td>
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<tr>
<td>Tobacco, specify: (e.g., cigarettes or e-cigarettes)</td>
<td>Yes No Unknown</td>
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<tr>
<td>Alcohol</td>
<td>Yes No Unknown</td>
<td></td>
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<tr>
<td>Herbal remedies</td>
<td>Yes No Unknown</td>
<td></td>
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<tr>
<td>Other, specify:</td>
<td>Yes No Unknown</td>
<td></td>
</tr>
</tbody>
</table>

Was the infant's caregiver asked to consent to blood or urine for drug/alcohol testing? Yes No Unknown

If yes, what were the results?
INVESTIGATION SUMMARY

1. Arrival dates and times.

<table>
<thead>
<tr>
<th>Person(s) involved</th>
<th>Hospital</th>
<th>Incident scene</th>
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</thead>
<tbody>
<tr>
<td>Infant</td>
<td></td>
<td>N/A</td>
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<tr>
<td>Law enforcement</td>
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<tr>
<td>Death investigator</td>
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</tbody>
</table>

2. Agencies conducting an investigation? (check all that apply)
   - Child protective services
   - Death investigator from medical examiner or coroner office
   - Law enforcement, specify:
   - Other, specify:

3. Indicate when the form was completed.
   - Date: (mm/dd/yyyy)  
   - Time:  

4. If more than one person was interviewed, does the information provided differ?  
   - Yes  
   - No  
   - N/A

   If yes, detail any differences or inconsistencies of relevant information. (e.g., placed on sofa or last known alive on chair)

5. Indicate the task(s) performed. (check all that apply)
   - Additional scene(s) (forms attached) conducted
   - Photos or video taken
   - Materials collected or evidence logged
   - Next of kin notified
   - 911 tape obtained
   - EMS run sheet or report obtained
   - Witness(es)/caregiver(s) interviewed

6. Was the family offered grief counseling services?  
   - Yes  
   - No  
   - Unknown

7. Was a doll scene reenactment performed?  
   - Yes  
   - No  
   - Unknown

   If no, why?

   If yes: How was it documented? (check all that apply)
   - Photographed
   - Videoed
   - Other, specify:

   Where was it performed?  
   - Incident scene
   - Hospital
   - Other, specify:

   Indicate when the doll reenactment was performed.  
   - Date performed: (mm/dd/yyyy)
   - Time performed:

   Were photos provided to the pathologist?  
   - Yes  
   - No  
   - Unknown

   Do the scenarios provided during the doll reenactment(s) match what was seen during the preliminary investigation?  
   - Yes  
   - No  
   - N/A

INVESTIGATION DIAGRAMS

1. Scene diagram (illustrate the infant's sleep environment)

2. Body diagram (note visible injuries, livor mortis, or rigor mortis)

3. Scene and doll reenactment photos (include with form)
### SUMMARY FOR PATHOLOGIST

1. Investigator information. Name: ___________________________ Agency: ___________________________
   
   Phone: ___________________________ Email address: ___________________________

2. Indicate when the investigation took place. Date: mm/dd/yyyy Time: ___________

3. Indicate when the infant was pronounced dead. Date: mm/dd/yyyy Time: ___________

4. Indicate when it is estimated the infant died. Date: mm/dd/yyyy Time: ___________

5. Location of death: (e.g., home or hospital) ___________________________

6. Data sources consulted to complete this form. (check all that apply) □ Infant medical records □ Birth records □ Prenatal records
   □ Witness interview □ Photos/videos from caregivers demonstrating injuries, developmental milestone, or medical concerns
   □ Other, specify: ___________________________

7. Indicate whether preliminary investigation suggests any of the following. (indicate all that apply)

   **Sleeping Environment**
   - Asphyxia (e.g., evidence of overlying, wedging, choking, nose or mouth obstruction, re-breathing, neck or chest compression, or immersion in water)
     - Yes □ No □
   - Sharing of sleep surface with adults, children, or pets
     - Yes □ No □
   - Change in sleep condition (e.g., unaccustomed stomach sleep position, location, or sleep surface)
     - Yes □ No □
   - Hyperthermia or hypothermia (e.g., excessive wrapping, blankets, clothing, or hot or cold environments)
     - Yes □ No □
   - Environmental hazards (e.g., carbon monoxide, noxious gases, chemicals, drugs, or devices)
     - Yes □ No □
   - Unsafe sleep condition (e.g., non-sutine, couch, adult bed, stuffed toys, pillows, or soft bedding)
     - Yes □ No □

   **Infant History**
   - Diet (e.g., solids introduced)
     - Yes □ No □
   - Recent hospitalization
     - Yes □ No □
   - Previous medical diagnosis
     - Yes □ No □
   - History of acute life threatening events (e.g., apnea, seizures, or difficulty breathing)
     - Yes □ No □
   - History of medical care without diagnosis
     - Yes □ No □
   - Recent fall or other injury
     - Yes □ No □
   - History of religious, cultural or alternative remedies
     - Yes □ No □
   - Cause of death due to natural causes other than SIDS (e.g., birth defects or complications of preterm birth)
     - Yes □ No □

   **Family Information**
   - Prior sibling deaths
     - Yes □ No □
   - Sudden or unexpected death before the age of 50 or heart disease (e.g., cardiomyopathy, Marfan or Brugada syndrome, long or short QT syndrome, catecholaminergic polymorphic ventricular tachycardia) among the infant's blood relatives (e.g., siblings, parents, grandparents, aunts, uncles, or first cousins)
     - Yes □ No □
   - Previous encounters with police or social service agencies
     - Yes □ No □
   - Request for tissue or organ donation
     - Yes □ No □
   - Objection to autopsy
     - Yes □ No □

   **Exam**
   - Preterminal resuscitative treatment
     - Yes □ No □
   - Signs of trauma or injury, poisoning, or intoxication
     - Yes □ No □

   **Other**
   - Suspicious circumstances
     - Yes □ No □
   - Other alerts for pathologist's attention
     - Yes □ No □
If yes to any of the above, explain in detail: (description of circumstances)

8. Medical examiner or pathologist information.

Name: ________________________________

Agency: _______________________________

Phone: _______________ Fax: ___________ Email address: ________________________________

Visit https://www.cdc.gov/sids/SUIDRF.htm for Additional Investigative Scene Forms of Body Diagram, EMS Interview, Hospital Interview, Immunization Record, Infant Exposure History, Informant Contact, Law Enforcement Interview, Materials Collection Log, Non Professional Responder Interview, Parental Information, Primary Residence Investigation, and Scene Diagram.
How to Use the Sudden Unexpected Infant Death Investigation Reporting Form

Sudden Unexpected Infant Death Investigation (SUIDI) Reporting Form: A Guide for Investigators

The SUIDI Reporting Form is a guide for all investigators of infant deaths. The form is designed to facilitate the collection of information in a consistent and sensitive manner. Training materials on how to complete the form are available.

Importance of the Reporting Form

- Contains key questions that medical examiners should ask before an autopsy is done.
- Guides investigators through the steps involved in an investigation.
- Improves classification of SIDS and other SUIDs by standardizing data collection.
- Produces information that researchers can use to recognize new health threats and risk factors for infant death so that future deaths can be prevented.

Improvements in the SUIDI Reporting Form

- Changed the U from unexplained to unexpected at request of the National Association of Medical Examiners.
- Reduced redundancy and streamlined existing questions.
- Color coded sections for ease.
- Clarified with instructions and definitions.
- Reordered and retitled sections.
- Updated existing questions.
- Added questions.
- Revised Supplemental form for collecting information about contacts and evidence are available for jurisdictions to consider using if equivalents are not available.

Filling out the SUIDI Reporting Form

This reporting form is designed as a questionnaire that can be read to the person being interviewed, or used to guide a more free flowing conversation. Questions can be answered by placing an “X” in the corresponding checkbox or filling in the blank provided. The 12-page form is divided into eight sections, described below.

Infant Demographics

This section is filled out first by the person (e.g., coroner, death scene investigator, law enforcement, or medical examiner) investigating the circumstances of the infant death. Some terms to note:

- SS#. Social security number.
- Case number. Jurisdictional or office internal case number.
- Primary residence. Place where the infant lived at time of their death.

Pregnancy History

This section is filled out by the person interviewing/consulting the biological mother, or someone who knows her and her history well (e.g., health care provider, medical record, or maternal grandmother).

Infant History

This section is filled out by the person investigating the infant death. Additional information may be obtained from the infant’s health care provider, medical record, or another caregiver.

Incident Scene Investigation

This section is filled out by the person investigating the infant death.
Incident Circumstances

This section is filled out by the person interviewing the witness(es). This should be a careful documentation of the scene including documentation of the infant’s airway when found. It includes:

- **Usual caregiver.** Person who took care of the infant more than 50% of the time.
- **Placed.** When the infant was originally put to sleep
- **Last known alive.** Where and when the infant was last observed to be alive (e.g., last time parent heard the infant cry).
- **Found.** When the infant was discovered to be not breathing or breathing but in distress.

Investigation Summary

This section is filled out by the person doing the bulk of the investigation and summarizes everything done as part of the investigation.

Investigation Diagrams

This section is filled out by the person investigating the infant death, and includes a scene diagram and a body diagram. It should supplement, and not be used instead of, the doll reenactment.

The investigator should indicate the following on the scene diagram:

- North direction.
- Windows and doors.
- Wall lengths and ceiling height.
- Location of furniture including infant’s bed or sleep surface.
- Infant body location when found.
- Position of other persons or animals found near infant.
- Location of heating and cooling devices.
- Location of other objects in room.

The investigator should indicate the following on the body diagram:

- Discoloration around face, nose, or mouth.
- Secretions (drainage or discharge from anywhere on body).
- Skin discoloration (livor mortis).
- Pressure mark areas (pale areas, blanching).
- Rash or petechiae (small, red blood spots on skin, membranes or in eyes).
- Marks on body (scratches or bruises).
- Location of medical devices.
- Body temperature.

Summary for Pathologist

This section is filled out by the person investigating the infant death. This section summarizes all the information collected during the witness interview and investigation of the incident or death scene. Some terms to note:

- **Asphyxia.** Condition of severely deficient supply of oxygen to the body that can rapidly lead to unconsciousness and death (e.g., compression of infant's chest and/or neck due to wedging or a person lying on the infant, or obstruction of the nose and/or mouth).
- **Hyperthermia.** Life-threatening condition where core body temperature is abnormally high (e.g., above 40°C [104°F]).
- **Hypothermia.** Life-threatening condition where core body temperature falls below 35°C (95°F).
- **Apnea.** Condition where an infant stops breathing for a short period of time. Can occur in the delivery room or any time afterwards.
Section III–In-Service Forms

Workshop Post-Assessment
Please answer the following questions after completing the workshop.

1. According to Tennessee law, which group or groups of first responders is/are required to receive training on cases of sudden, unexpected infant and child death?
   a. EMS
   b. Police
   c. Firefighter
   d. All of the above

2. Sudden infant death is the diagnosis given for the sudden death of an infant under one year of age that remains unexplained after a complete investigation. A complete investigation includes an examination of the death scene, an autopsy, and
   a. A review of symptoms and illnesses the infant had before dying
   b. A review of any other pertinent medical history
   c. A Child Fatality Review team review
   d. Answers a and b

3. Who is responsible for conducting the death scene investigation?
   a. EMS, by request of the county medical examiner
   b. Typically law enforcement, by request of the county medical examiner
   c. The state medical examiner
   d. None of the above

4. SIDS is the major cause of death in infants between
   a. 2 months and 4 months of age
   b. 1 month and 1 year of age
   c. 1 month and 6 months of age
   d. Newborn and 1 year of age

5. The Child Safety Division conducts investigations to
   a. Determine the condition of a child
   b. Evaluate the risk of any future harm
   c. Plan for a child’s well-being
   d. All of the above

6. A diagnosis of exclusion means
   a. No autopsy was performed for religious reasons
   b. A cause of death could not be determined
   c. After an autopsy, an examination of the death scene, and review of the clinical history, all causes of undiagnosed natural death are ruled out
   d. After an autopsy and scene review, the medical examiner withheld the findings

7. The following are all risk factors for SIDS except
   a. Placing a baby to sleep on his/her stomach
   b. Exposing a baby to smoke
   c. Having a previous SIDS death in the family
   d. Placing a baby to sleep on a soft sleep surface

8. The following are all protective factors for SIDS except
   a. Breastfeeding
   b. Co-sleeping
   c. Sleeping alone on a firm mattress
   d. Keeping temperature regulated so baby doesn’t get overheated

9. Placing children on soft, collapsible bedding is dangerous because of which of the following?
   a. This sleep position causes SIDS.
   b. This sleep position decreases children’s ability to keep their airways open.
   c. This sleep position allows children to fall into sleep apnea.
10. The first responder’s duties are to
   a. Seek medical help
   b. Secure the scene
   c. Identify potential witnesses
   d. Determine what, if any, evidence needs to be preserved
   e. All of the above

11. Observing that a colleague’s behavior has changed after an infant death scene call, you should first
   a. Wait six months before intervening
   b. Report your observations to the supervisor
   c. Approach your colleague with your observations
   d. Arrange for a post-traumatic stress debriefing intervention

12. The decision to not transport a child who has died is usually made by
   a. The police on the scene
   b. Medical direction
   c. Standing orders
   d. The coroner
   e. The EMS health care providers

13. Identify which of the following are members of the local CFR teams.
   a. Department of Health regional officer
   b. Juvenile Court representative
   c. Local law enforcement officer
   d. All of the above

14. Identify which of the following statements may describe a grieving family member’s behavior.
   a. Strong feelings of guilt or anger
   b. Unreasonable fears that they, or someone in their family, may be in danger
   c. Being overprotective of surviving children and fearful about future children
   d. All of the above

15. Taking time out during a SIDS call to talk privately with your partner about the family’s behavior is
   a. Necessary for potential court action
   b. Helpful to calm the situation
   c. Detrimental to patient care
   d. None of the above

16. What is the maximum allowable cost, reimbursed to county governments, for conducting autopsies on children who have died suddenly and without apparent explanation?
   a. $1,500 per autopsy
   b. $1,250 per autopsy
   c. There is no maximum allowable cost for reimbursement.
   d. The state does not reimburse for autopsies in any amount.

17. What is the SUIDI Top 25?
   a. Critical information needed when investigating a sudden unexplained infant death, in order for forensic pathologists to determine the cause and manner of death
   b. The most crucial 25 questions on the SUIDI form that must be filled out by an investigator
   c. The top 25 reasons why a baby might die suddenly and unexpectedly

18. Where in your materials can you find the SUIDI form, instructions for filling out the form, and the SUIDI Top 25?
   a. At the end of Section II in the manual
   b. In the Appendix of the manual
   c. In the Guidelines for the Scene Investigator booklet
   d. Answers a and c
# Participant Tracking Sheet

Available to submit online at www.mtsu.edu/sids

Please check:  
- [ ] Continuing Ed.  
- [ ] Initial Training  
- [ ] In-Service

Please have all participants print **clearly**. You may also attach a typed copy to this sheet. This information will be used only for database purposes and tracking information.

Instructor Name ___________________________ Date ___________________________

Department Name ____________________________________________________________________________________________

Phone ( _____ ) _____________________ E-Mail _____________________________________________________________________

Return Address ________________________________________________________________________________________________

City ______________________________________  State ___________  County __________________________  Zip __________

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Last four digits of Social Sec. No.</th>
<th>EMS</th>
<th>Firefighter</th>
<th>Police</th>
<th>Other</th>
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<tbody>
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<td>1.</td>
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**Contact hour certificates will be mailed to trainers upon receipt of tracking and evaluation forms.**

Please send completed tracking sheets to Attn: Prevention Through Understanding, MTSU University College, MTSU Box 54, 1301 East Main Street, Murfreesboro, TN 37132 or fax to (615) 494-8777.
Prevention Through Understanding: Investigating Unexpected Child Death
Workshop Evaluation

Please complete this evaluation and turn it in to your instructor. Providing this information will help improve future sessions.

Instructor Name ____________________________________________________________

Date _________________________________________________________________

Location/Building _________________________________________________________

City __________________________ State ___________ County _________________ Zip ________

Please answer the following questions.

1. Check your affiliation

- ☐ EMS  ☐ Firefighter  ☐ Law Enforcement  ☐ Other

2. How many hours a week do you work in a first responder role?

- ☐ 0–3 hours  ☐ 4–8 hours  ☐ 9–19 hours  ☐ 20–40 hours  ☐ 40+ hours

3. How knowledgeable were you about Sudden Infant Death Syndrome before this workshop?

- ☐ Not very  ☐ Somewhat  ☐ Fairly  ☐ Very

4. Before this workshop, how would you rate your comfort level when caring for pediatric patients?

- ☐ Anxious  ☐ Comfortable  ☐ Very comfortable

5. Before this workshop, how would you rate your comfort level when caring for families of pediatric patients?

- ☐ Anxious  ☐ Comfortable  ☐ Very comfortable

6. Has this workshop changed your attitude about responding to a sudden, unexpected infant or child death?

- ☐ Yes  ☐ No

Please describe: ___________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. Do you have a family member or close friend who has suffered from a sudden unexplained child death?

- ☐ Yes  ☐ No
8. On a scale of 1 to 4, where 1 is Strongly Disagree, 2 is Disagree, 3 is Agree, and 4 is Strongly Agree, please circle your responses to the statements below.
   a) The objectives for this workshop were clearly presented. (1)  (2)  (3)  (4)
   b) I have learned new ideas and/or skills. (1)  (2)  (3)  (4)
   c) The video was easy to understand and held my interest. (1)  (2)  (3)  (4)
   d) The manual was easy to follow and a good reference. (1)  (2)  (3)  (4)
   e) I will use the SUIDI form and instructions if/when I have to investigate a sudden unexplained child death. (1)  (2)  (3)  (4)
   f) Overall, I was favorably impressed with the workshop. (1)  (2)  (3)  (4)

9. What aspect(s) of the workshop did you find most helpful?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

10. What aspect(s) of the workshop did you find least helpful?
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________

11. Can you think of ways in which we can improve this program in the future?
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________

Thank you for your input and consideration.

**Instructor:** Contact hour certificates will be mailed to trainers upon receipt of tracking and evaluation forms. Please send evaluation copies to Attn: Prevention Through Understanding, MTSU University College, MTSU Box 54, 1301 East Main Street, Murfreesboro, TN 37132, or fax to (615) 494-8777.
Appendix A

Rules of Tennessee Department of Health
Maternal and Child Health

CHAPTER 1200-15-03
INVESTIGATIONS OF SUDDEN, UNEXPLAINED INFANT AND CHILD DEATHS

TABLE OF CONTENTS

1200-15-03-.01 Purpose
1200-15-03-.02 Definitions
1200-15-03-.03 Standards for Investigations
1200-15-03-.04 Reimbursement of County Governments

1200-15-03-.01 PURPOSE.
The purpose of this chapter is to establish minimum standards for conducting and completing an investigation, including an autopsy if deemed necessary, into sudden, unexplained infant and child deaths.


1200-15-03-.02 DEFINITIONS.
For purposes of this chapter,
(1) “Autopsy” means the post mortem examination of a deceased infant or child by a licensed pathologist to determine cause of death.
(2) “Child” means a person who is at least one year of age and has not reached his or her eighteenth birthday.
(3) “Department” means the Tennessee Department of Health.
(4) “Infant” means a baby who was born alive and has not reached his or her first birthday.
(5) “Sudden, unexplained infant or child death” means the unexpected death of an infant or a child with no known or apparent cause.


1200-15-03-.03 STANDARDS FOR INVESTIGATIONS.
(1) The standards for conducting and completing an investigation, including performance of an autopsy, into a sudden, unexplained infant death shall include the standards applicable to infants found in T.C.A. § 68-1-1102, and the standards authorized or required by Tennessee Code Annotated Title 38, Chapter 7. The same standards shall apply to sudden, unexplained child death.
(2) In addition to the standards found in T.C.A. § 68-1-1102 and Title 38, Chapter 7, the standards for conducting and completing an investigation, including performance of an autopsy, into a sudden, unexplained infant or child death shall be those found in the most current version of the Centers for Disease Control and Prevention’s publication, “Sudden, Unexplained Infant Death Investigation Reporting Form,” for infants, and the Department’s “Sudden, Unexplained Child Death Investigation Reporting Form,” for children. The Department shall provide access to these publications upon request. The pathologist performing the autopsy shall complete the appropriate form.


1200-15-03-.04 REIMBURSEMENT OF COUNTY GOVERNMENTS.
The Department shall reimburse county governments for the cost of each autopsy performed for an investigation into a sudden, unexplained infant or child death that is carried out in accordance with the investigation standards in this chapter. The Department shall reimburse up to the maximum allowable of $1,250.00 per autopsy, including travel costs. The Tennessee Department of Finance and Administration’s Comprehensive Travel Regulations shall govern the reimbursement rate for travel costs.

68-1-1102. Purpose — Training — Notice and investigation — Autopsy [Amended effective December 31, 2003. See the Compiler’s Notes]

(a) The purpose of this part is to help reduce the incidence of injury and death to infants by accurately identifying the cause and manner of death of infants under one (1) year of age. This shall be accomplished by requiring that a death investigation be performed in all cases of all sudden, unexplained deaths of infants under one (1) year of age.

(b) The chief medical examiner shall develop and implement a program for training of child death pathologists. The protocol and policies shall be based on nationally recognized standards.

(c) All emergency medical technicians and professional firefighters shall receive training on the handling of cases of sudden, unexplained child death as a part of their basic and continuing training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members.

(d) All law enforcement officers shall receive training on the investigation and handling of cases of sudden, unexplained child death as part of their basic and continuing training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members and shall be consistent with the death scene investigation protocol approved by the chief medical examiner.

(e) In the case of every sudden, unexplained death of an infant under one (1) year of age, the attending physician or coroner shall notify the county medical examiner who shall coordinate the death investigation.

(f) The county medical examiner shall inform the parent or parents or legal guardian of the child, if an autopsy is authorized.

(g) The county medical examiner shall ensure that the body is sent for autopsy to a child death pathologist as defined in this part. Parents or legal guardians who refuse to allow an autopsy based on the grounds of religious exemption shall personally file a petition for an emergency court hearing in the general sessions court for the county in which the death occurred.

(h) The county medical examiner shall contact the appropriate local law enforcement personnel to conduct a death scene investigation according to the protocol developed by the chief medical examiner. Such investigation shall be initiated within twenty-four (24) hours of the time the local law enforcement personnel are contacted by the county medical examiner.
(i) The county medical examiner shall send a copy of the death scene investigation and the medical history of the child to the pathologist conducting the autopsy.

(j) A copy of the completed autopsy, medical history, and death scene investigation shall be forwarded to the chief medical examiner.

(k) The cause of death, as determined by the certified child death pathologist, may be reported to the parents or legal guardians of the child. A copy of the autopsy results, when available, may be furnished to the parent or parents or legal guardian of the child, upon request, within forty-eight (48) hours of such request, except where the cause of death may reasonably be attributed to child abuse or neglect, in the judgment of the certified child death pathologist.

(l) Sudden infant death syndrome shall not be listed as the cause of death of a child, unless the death involves an infant under one (1) year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the child’s clinical history.

(m) Any individual or entity providing information pertinent to the investigation and related autopsy in a suspected case of sudden, unexplained infant death syndrome shall not be civilly liable for breach of confidentiality concerning the release of such information.


NOTES:

Acts 2002, ch. 591, §§ 1 and 2 amend subsection (d), effective December 31, 2003. Prior to December 31, 2003, subsection (d) will read as set out above. After December 31, 2003, subsection (d) will read:

“(d) All law enforcement officers shall receive training on the investigation and handling of cases of sudden, unexplained child death as part of their basic training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members and shall be consistent with the death scene investigation protocol approved by the chief medical examiner. Additionally, whenever changes occur in policies or procedures pertaining to sudden infant death syndrome investigations, the department of health shall promptly notify the various law enforcement associations within the state. Such changes shall then be communicated in a timely manner to the respective law enforcement agencies for dissemination to their enforcement personnel.”

AMENDMENTS. The 2002 amendment, effective December 31, 2003, in (d), deleted “and continuing” preceding “training requirements” at the end of the first sentence, and added the last sentence. See the Compiler’s Notes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

[*1] SECTION 1. Tennessee Code Annotated, Section 68-1-1102(d), is amended by deleting the language “and continuing” in the first sentence of the subsection.

[*2] SECTION 2. Tennessee Code Annotated, Section 68-1-1102(d), is further amended by adding the following language at the end of the subsection:

Additionally, whenever changes occur in policies or procedures pertaining to SIDS investigations, the Department of Health shall promptly notify the various law enforcement associations within the state. Such changes shall then be communicated in a timely manner to the respective law enforcement agencies for dissemination to their enforcement personnel.

[*3] SECTION 3. This act shall take effect December 31, 2003, the public welfare requiring it.

HISTORY:
Approved by the Governor April 9, 2002.

SPONSOR: By Clabough Substituted for: House Bill No. 3088 By Caldwell
DATE-INTRO: JANUARY 17, 2002

LAST-ACTION: APRIL 9, 2002; Signed by GOVERNOR.

SYNOPSIS: Relates to law enforcement training for investigation and handling of cases of sudden, unexplained child death.

STATUS:
01/17/2002 INTRODUCED.
01/28/2002 To SENATE Committee on JUDICIARY.
02/05/2002 From SENATE Committee on JUDICIARY: Recommend passage with amendment.
02/05/2002 To SENATE Committee on CALENDAR.
02/11/2002 In SENATE. Amendment No. 1 adopted on SENATE floor.
02/11/2002 In SENATE. Read third time. Passed SENATE.
*****To HOUSE.
02/14/2002 In HOUSE. Read second time. Local Bill held on desk.
03/25/2002 In HOUSE. Substituted on HOUSE floor for H 3088.
03/25/2002 In HOUSE. Amendment No. 1 adopted on HOUSE floor.
03/25/2002 In HOUSE. Read third time. Passed HOUSE.
*****To SENATE for concurrence.
04/03/2002 In SENATE. SENATE concurred in HOUSE amendment numbers 1.
04/04/2002 *****To GOVERNOR.
04/09/2002 Signed by GOVERNOR.


SPONSOR: Clabough

SUBJECT: EMPLOYEE TRAINING (90%); CHILD WELFARE (90%); INVESTIGATIONS (90%);

LOAD-DATE: July 18, 2002
AN ACT to amend Tennessee Code Annotated, Title 68, Chapter 1, Part 11; Title 68, Chapter 142 and Title 68, Chapter 3, Part 5, relative to sudden, unexplained child deaths.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 68-1-1101, is amended by deleting the existing language in its entirety and by substituting instead the following:

(a) This act shall be known and may be cited as the "Sudden, Unexplained Child Death Act".

(b) The legislature hereby finds and declares that:

(1) Protection of the health and welfare of the children of this state is a goal of its people and the unexpected death of a child is an important public health concern that requires legislative action;

(2) The parents, guardians, and other persons legally responsible for the care of a child who dies unexpectedly have a need to know the cause of death;

(3) Collecting accurate data on the cause and manner of unexpected deaths will better enable the state to protect children from preventable deaths, and thus will help reduce the incidence of such deaths; and

(4) Identifying persons responsible for abuse or neglect resulting in unexpected death will better enable the state to protect other children who may be under the care of the same persons, and thus will help reduce the incidence of such deaths.

(c) As used in this part and in § 68-3-502 and unless the context otherwise requires:

(1) "Sudden infant death syndrome" means the sudden death of an infant under one (1) year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history;

(2) "Certified child death pathologist" means a pathologist who is board certified or board eligible in forensic pathology and who has received training in, and agrees to follow, the autopsy protocol, policies and guidelines for child death
investigation, as prescribed by the chief medical examiner for the state of Tennessee; and

(3) "Chief medical examiner" means the individual appointed pursuant to title 38, chapter 7, part 1.

SECTION 2. Tennessee Code Annotated, Section 68-1-1102, is amended by deleting the existing language in its entirety and by substituting instead the following language:

(a) The purpose of this part is to help reduce the incidence of injury and death to infants by accurately identifying the cause and manner of death of infants under one (1) year of age. This shall be accomplished by requiring that a death investigation be performed in all cases of all sudden, unexpected deaths of infants under one (1) year of age.

(b) The chief medical examiner shall develop and implement a program for training of child death pathologists. The protocol and policies shall be based on nationally recognized standards.

(c) All emergency medical technicians and professional firefighters shall receive training on handling of cases of sudden, unexplained child death as a part of their basic and continuing training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members.

(d) All law enforcement officers shall receive training on the investigation and handling of cases of sudden, unexplained child death as part of their basic and continuing training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members and shall be consistent with the death scene investigation protocol approved by the chief medical examiner.

(e) In the case of every sudden, unexplained death of an infant under one (1) year of age, the attending physician or coroner shall notify the county medical examiner who shall coordinate the death investigation.

(f) The county medical examiner shall inform the parent or parents or legal guardian of the child, if an autopsy is authorized.

(g) The county medical examiner shall ensure that the body is sent for autopsy to a child death pathologist as defined in this part. Parents or legal guardians who refuse to allow an autopsy based on the grounds of religious exemption shall personally file a petition for an emergency court hearing in the general session court for the county in which the death occurred.

(h) The county medical examiner shall contact the appropriate local law enforcement personnel to conduct a death scene investigation according to the protocol developed by the chief medical examiner. Such investigation shall be initiated within twenty-four (24) hours of the time the local law enforcement personnel are contacted by the county medical examiner.
(i) The county medical examiner shall send a copy of the death scene investigation and the medical history of the child to the pathologist conducting the autopsy.

(j) A copy of the completed autopsy, medical history, and scene investigation shall be forwarded to the chief medical examiner.

(k) The cause of death, as determined by the certified child death pathologist may be reported to the parents or legal guardians of the child. A copy of the autopsy results, when available, may be furnished to the parent or parents or legal guardian of the child, upon request, within forty-eight (48) hours of such request, except where the cause of death may reasonably be attributed to child abuse or neglect, in the judgment of the certified child death pathologist.

(l) Sudden infant death syndrome shall not be listed as the cause of death of a child, unless the death involves an infant under one (1) year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the child's clinical history.

(m) Any individual or entity providing information pertinent to the investigation and related autopsy in a suspected case of sudden, unexplained infant death syndrome shall not be civilly liable for breach of confidentiality concerning the release of such information.

SECTION 3. In order to implement the provisions of this part, the commissioner of health shall:

(1) Promulgate rules and regulations in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, as may be necessary to obtain in proper form all information relating to the occurrence of a sudden unexplained child death which is relevant and appropriate for the establishment of a reliable statistical index of the incidence, distribution and characteristics of cases of sudden, unexplained child death;

(2) Collect such factual information from physicians, coroners, medical examiners, hospitals, and public health officials who have examined any child known or believed to have experienced sudden, unexplained death; provided that no information shall be collected or solicited that reasonably could be expected to reveal the identity of such child;

(3) Make such information available to physicians, coroners, medical examiners, hospitals, public health officials, and educational and institutional organizations conducting research as to the causes and incidence of sudden, unexplained child death;

(4) Cause appropriate counseling services to be established and maintained for families affected by the occurrence of sudden infant death syndrome; and

(5) Conduct educational programs to inform the general public of any research findings which may lead to the possible means of prevention, early identification, and treatment of sudden infant death syndrome.
SECTION 4. Tennessee Code Annotated, Section 68-3-502(c)(2), is amended by deleting the existing language in its entirety, and by substituting instead the following:

Sudden infant death syndrome shall not be listed as the cause of death of a child, unless the death meets the definition set forth in title 68, chapter 1, part 11.

SECTION 5. Tennessee Code Annotated, Section 68-142-108(e), is amended by deleting the period at the end of subdivision (1) and by adding the following language:

and for the purposes of the "Sudden, Unexplained Child Death Act," pursuant to title 68, chapter 1, part 11.

SECTION 6. Tennessee Code Annotated, Section 68-142-108(e), is further amended by deleting the period at the end of the first sentence in subdivision (2), after the words "or local teams" and by adding the following language:

and for the purposes of the "Sudden, Unexplained Child Death Act," pursuant to title 68, chapter 1, part 11.

SECTION 7. This act shall take effect on July 1, 2001, the public welfare requiring it.
Direct On-Scene Education (D.O.S.E.) Program

What is D.O.S.E.? In 2012, Lt. James Carroll of the Ft. Lauderdale (Fla.) Fire and Rescue Department consulted with Healthy Mothers, Healthy Babies of Broward County, Inc. out of concern for the growing number of sleep-related infant deaths he and his crew were responding to; this meeting resulted in the creation of Direct On-Scene Education™ (D.O.S.E.). The D.O.S.E program is an innovative attempt to eliminate sleep-related infant deaths by utilizing first responders to educate families and caregivers about the ABC’s of Safe Sleep for infants. Since its inception, D.O.S.E. has become a model program adopted and implemented by several agencies, including the Tennessee Department of Health (TDH).

D.O.S.E. utilizes the trust and importance of first responders in the community. When responding to calls from households with an infant or expectant mother, first responders are trained to initiate an “environmental check”. If any hazards are found in the infant’s current or planned sleep environment, they remove the hazards and verbally educate the caregiver(s) on safe sleep practices. In the event that participating agencies come in contact with a family who is unable to afford a crib, they are able to donate a pack-N-play to the home or refer the resident(s) to a resource site that can. Participating agencies also leave a Safe Sleep Kit at each residence, which includes materials on the ABC’s of Safe Sleep. First responders are on scene to help, giving their message more of an opportunity to make a lasting impression.

What are the expectations? TDH provides each participating agency with Safe Sleep Kits. The kits include a door hanger, flyer, and dry erase board – all delivering the same simple message, “Babies should sleep ALONE, on their BACK, and in a CRIB”. Each participating agency has a “Baby Safe Administrator” who oversees implementation of the program. The Baby Safe Administrator is an individual with a passion for the program and experience in community education; and someone who is able to engage and motivate their colleagues, and help them understand the importance of Safe Sleep education. The administrator is also responsible for ordering D.O.S.E. kits and reporting the number of kits distributed every month by submitting a quick survey to TDH. TDH also reports the monthly Safe Sleep Kit distribution numbers to Lt. James Carroll.

How does my agency get involved with D.O.S.E.? The best way to get involved is by contacting Chase Foster to request information on the D.O.S.E program. TDH staff is also available to provide education and training on the program.

Contact information:
Chase Foster, B.S.
Child and Infant Fatality Program Director
Division of Family Health and Wellness
Andrew Johnson Tower, 8th Floor
710 James Robertson Pkwy, Nashville, TN 37243

615-253-2657
chase.foster@tn.gov
Appendix B Sudden Infant Death Syndrome

Back Is Best For Baby’s Sleep

and other tips to reduce the risk of SIDS
and other sudden unexpected infant deaths (SUID)
Sudden Infant Death Syndrome (SIDS) is the sudden, unexpected death of a baby younger than one year. SIDS is the leading cause of death for babies one month to one year of age and claims the lives of nearly 2,500 babies every year. In addition, there are up to 2,000 sudden unexpected infant deaths (SUID) caused by suffocation or accidents during sleep each year.

**What Is SIDS?**

While SIDS affects families of all ethnic, social and economic backgrounds, we do know that African American and Native American babies are two to three times more likely to die from SIDS than Caucasian babies. Babies born too early or at a low birth rate are at increased risk, as are babies born to mothers who smoke during pregnancy and those who do not receive good prenatal care. Most SIDS deaths happen between two and four months of age, with 90 percent happening before six months of age.

While the exact cause of SIDS is not yet known, recent research has given us more information on what may cause these babies to die. Some babies are more likely to die than others because of a problem in their brainstems. We do not know which babies have this problem, but there are many things parents and caregivers can do to help protect their baby.

By following the important rules in this brochure, you will be giving your baby the best possible chance to reach not only his or her first birthday, but many happy birthdays beyond!
What can I do to help reduce the risk of SIDS/SUID?

- Always put your baby to sleep on his or her back. *Side and tummy positions are not safe.*

- Use a firm mattress in a crib that meets current safety standards. For guidelines visit www.jpma.org. *The mattress should fit snugly in the crib and be covered with only a tight-fitting crib sheet.*

- Never place your baby to sleep on any soft surface. *This includes adult beds, waterbeds, sofas, chairs, cushions, quilts and other soft surfaces.*

- Remove all soft, fluffy or loose bedding from your baby’s sleep area. *This includes pillows, quilts, blankets, stuffed toys and other soft items.*

- Do not use soft or pillow-like bumper pads, wedges or positioners in your baby’s sleep area. *These items do not help keep your baby safe and can be dangerous when your baby begins turning over and moving around the crib.*

- Use a wearable blanket or other type sleeper instead of loose blankets. *This will keep your baby warm and safe.*

- Room share with your baby, but don’t bed share. Adult beds are not safe for sleeping babies. Feed and bond with your baby in bed, but when it’s time to go to sleep, place your baby alongside your bed in his or her own separate space. *This will make breastfeeding easier and help reduce the risk of SIDS, suffocation and accidents during sleep.*

- Do not let your baby sleep in a car seat, infant carrier, bouncy seat, swing or other product. *Never leave your baby unattended while using these products. If your baby falls asleep, move him or her to a firm, flat surface as soon as possible.*

- Never fall asleep with your baby on a couch or armchair!
What other things can I do to protect my baby?

- Good prenatal care is important. See a doctor as soon as you think you might be pregnant and keep all your appointments.
- If possible, feed your baby only breast milk for at least the first six months. Breastfeeding is important to your baby’s overall health and well-being and can help protect your baby from illness and infection.
- Do not smoke while you are pregnant and do not allow anyone to smoke around your baby after he or she is born. Exposure to tobacco greatly increases the risk of SIDS and other illnesses.
- Do not drink alcohol or take drugs while you are pregnant.
- Take your baby for scheduled well-baby checkups. Make sure your baby receives his or her shots on time.

Pacifiers can greatly reduce the risk of SIDS!

New research shows that giving your baby a pacifier **every time you place him or her down to sleep** can greatly reduce the risk of SIDS. Follow these simple steps for safe, effective pacifier use:

- Offer your baby a pacifier at naptime and nighttime.
- If you are breastfeeding, wait one month before using a pacifier.
- Never use a pacifier to replace nursing or feeding.
- It is not necessary to put the pacifier back in your baby’s mouth if it falls out – he or she will still be protected.
- Never attach a pacifier around your baby’s neck or to clothing.
- Stop using a pacifier after one year when the risk of SIDS decreases.
Educate everyone who takes care of your baby!

Let everyone who takes care of your baby know about these important rules. This includes grandparents, aunts, uncles, child care providers, friends, babysitters and EVERYONE who cares for your baby.

Make sure your baby has a safe place to sleep when visiting or traveling, too!

Babies should always sleep on their backs!

One of the best things you can do to help reduce the risk of SIDS is to place your baby on his or her back to sleep, even for naps. Not everyone knows how important this is. When your mother and grandmother had babies, doctors told them to place babies on their stomachs for sleep. But research now shows that fewer babies will die of SIDS if they sleep on their backs. In fact, before the national Back to Sleep campaign, 3,500 more babies died from SIDS each year.

Placing your baby to sleep on his or her back is the only safe sleep position. Almost all babies will be comfortable sleeping on their back if placed that way from the time they are born. Let your doctor and nurse know that you want your baby placed only Back to Sleep in the hospital. Your doctor will let you know if there is a medical reason to use a different sleep position.

Some mothers and grandmothers worry that babies may choke on spit-up or vomit if they sleep on their backs. Doctors have NOT found this to be true. Millions of babies around the world sleep safely on their backs.

Many products are made to keep babies on their backs during sleep. But there is no proof that using these products will reduce the risk of SIDS. In fact, positioners and wedges can actually increase the risk of SIDS and accidental infant deaths when your baby starts moving around or rolling over during sleep.
Make sure there is nothing soft, loose or fluffy in your baby’s sleep area!

Research shows that soft bedding and other items placed in your baby’s sleep area can increase the risk of SIDS and accidental suffocation. This includes blankets, quilts, pillows, soft or pillow-like bumper pads, stuffed animals and other soft items.

These items can block the flow of fresh air to your baby. Instead of fresh air, your baby will re-breathe his exhaled air, which doesn’t have enough oxygen. This “re-breathing” may increase the risk of SIDS. Loose blankets and quilts can also cover your baby’s head and cause suffocation.

When your baby is awake, tummy time is important!

Place your baby on his or her stomach for “tummy time” when he or she is awake and being watched (supervised). Tummy time while awake is good for your baby. It helps develop neck and shoulder muscles. It also helps prevent “flat spots” on the back of your baby’s head. Flat spots are almost always temporary. They usually go away a few months after your baby begins to sit up or crawl.

There are other things you can do to help prevent flat spots:

- Alternate the direction in the crib where you place your baby to sleep.
- Alternate the arm you hold your baby in for feedings.
- Don’t let your baby spend too much time in car seats, infant carriers, bouncers, swings and other similar items.
Remember, most babies are born healthy and most stay that way as they grow.

Don’t let the fear of SIDS spoil your joy of having a new baby!

First Candle is the nation’s leading nonprofit dedicated to promoting safe pregnancies and the survival of babies through the first years of life.

With programs of research, education and advocacy, we are working to ensure that every baby is given the best possible chance to survive and thrive. Until we reach that goal, we will continue to provide compassionate grief support to all those affected by the death of a baby.

For more information on other ways to help your baby survive and thrive, to access family support services or to make a donation, please call toll-free 800.221.7437 or visit www.firstcandle.org.
NIH News: SIDS Infants Show Abnormalities in Brain Area Controlling Breathing

October 31, 2006

Infants who die of sudden infant death syndrome have abnormalities in the brainstem, a part of the brain that helps control heart rate, breathing, blood pressure, temperature and arousal, report researchers funded by the National Institutes of Health. The finding is the strongest evidence to date suggesting that innate differences in a specific part of the brain may place some infants at increased risk for SIDS.

The abnormalities appeared to affect the brainstem’s ability to use and recycle serotonin, a brain chemical which also is used in a number of other brain areas and plays a role in communications between brain cells. Serotonin is most well known for its role in regulating mood, but it also plays a role in regulating vital functions like breathing and blood pressure.

The study appears in the November 1 Journal of the American Medical Association and was conducted by researchers in the laboratory of Hannah Kinney, M.D., at Children's Hospital Boston and Harvard Medical School as well as other institutions.

“This finding lends credence to the view that SIDS risk may greatly increase when an underlying predisposition combines with an environmental risk—such as sleeping face down—at a developmentally sensitive time in early life,” said Duane Alexander, M.D., Director of the NIH's National Institute of Child Health and Human Development.

SIDS is the sudden and unexpected death of an infant under 1 year of age, which cannot be explained after a complete autopsy, an investigation of the scene and circumstances of the death, and a review of the medical history of the infant and his or her family. Typically, the infant is found dead after having been put to sleep and shows no signs of having suffered.

In previous studies, researchers have hypothesized that abnormalities in the brainstem may make an infant susceptible to situations in which they re-breathe their own exhaled breath, depriving them of oxygen. This hypothesis holds that certain infants may not be able to detect high carbon dioxide or low oxygen levels during sleep, and do not wake up.

To conduct the current study, researchers examined tissue from the brainstems of 31 infants who died of SIDS and 10 infants who died of other causes. The tissue was provided by the office of the chief medical examiner in San Diego, California, and was collected from infants who died between 1997 and 2005.

The lower brainstem helps control such basic functions as breathing, heart rate, blood pressure, body temperature, and arousal. The researchers found that brainstems from SIDS infants contained more neurons (brain or nerve cells) that manufacture and use serotonin than did the brainstems of the control infants, explained the study's first author, David Paterson, PhD, a researcher at Children's Hospital in Boston.

Serotonin belongs to a class of molecules known as neurotransmitters, which serve to relay messages between neurons. Neurons release neurotransmitters, which fit into special sites, or receptors, on surrounding neurons, somewhat like a key fits into a lock. Once in place, the neurotransmitter either promotes or hinders electrical activity in the receiving neuron—next in line in a particular brain circuit—causing it to release its neurotransmitters, which either excite or inhibit still more neurons, and so on.

Although the brainstem tissue from the SIDS infants contained more serotonin-using neurons, these serotonin-using neurons appeared to contain fewer receptors for serotonin than did the brainstems of control infants. Dr. Paterson noted that there are at least 14 different subtypes of serotonin receptor. In their study, the researchers tested the infants' brainstem tissue for a serotonin receptor known as “subtype 1A.”

Tissue from both the SIDS infants and the control infants contained roughly equal amounts of a key brain protein, serotonin transporter protein. This protein recycles serotonin, collecting the neurotransmitter from the surrounding spaces outside the neuron and transporting it back into the neuron so it can be used again. Dr. Paterson explained, however, that because the SIDS infants had
proportionately more serotonin-using neurons than did the control infants, they would also be expected to have more serotonin transporter protein. So even though they had equal amounts of serotonin transporter protein, the levels were nevertheless reduced—relative to the increased number of serotonin-using neurons—and, for this reason, unlikely to meet the needs of these cells.

Dr. Paterson added that from the observations in this study it was not possible to determine how much serotonin the infants' brainstems contained when the infants were alive. He noted, however, that the pattern of abnormalities—more serotonin neurons, an apparent reduction of serotonin 1A receptors, and insufficient serotonin transporter—suggested that the level of serotonin in the brainstems of SIDS infants was abnormal.

“Our hypothesis right now is that we’re seeing a compensation mechanism,” Dr. Paterson said. “If you have more serotonin neurons, it may be because you have less serotonin and more neurons are recruited to produce and use serotonin to correct this deficiency.”

The researchers also found that male SIDS infants had fewer serotonin receptors than did either female SIDS infants or control infants. The finding may provide insight into why SIDS affects roughly twice as many males as females.

“These findings provide evidence that SIDS is not a mystery but a disorder that we can investigate with scientific methods, and some day, may be able to identify and treat,” said Dr. Hannah Kinney, the senior author of the paper.

A large body of research has shown that placing an infant to sleep on his or her stomach greatly increases the risk of SIDS. The NICHD-sponsored Back to Sleep campaign urges parents and caregivers to place infants to sleep on their backs, to reduce SIDS risk. The campaign has reduced the number of SIDS deaths by about half since it began in 1994. The campaign also cautions against other practices that increase the risk of SIDS, such as soft bedding, smoking during pregnancy, and smoking around a baby after birth.

Despite the fact that the Back to Sleep campaign recommendations had been widely distributed by the time the study began, a large proportion of the SIDS cases in the study by Drs. Paterson, Kinney and their coworkers were correlated with known SIDS risk factors: 15 (48 percent) were found sleeping on their stomachs, 9 (29 percent) were found face down, and 7 (23 percent) were sharing a bed, at the time of death.

“The majority (65 percent) of the SIDS cases in this data set, however, were sleeping prone or on their side at the time of death, indicating the need for continued public health messages on safe sleeping practices, the study authors wrote.”
Glossary of SIDS-Related Terminology

**Apnea**–Transient cessation of breathing.

**Apnea of Prematurity**–Periodic breathing with respiratory pauses longer than 20 seconds in a premature infant of less than 37 weeks gestation; may be accompanied by changes in color or in muscle tone.

**Apparent Life Threatening Event (ALTE)**–An episode that is frightening to the observer and is characterized by some combination of apnea, color change, change in muscle tone, and choking or gagging, replacing the term “near-miss” SIDS.

**Arrhythmia**–Any variation from the normal rhythm of the heartbeat.

**Autopsy**–See Postmortem.

**Botulism**–An often fatal poisoning caused by the bacterium Clostridium botulinum. Infant deaths from botulism have been misdiagnosed as SIDS.

**Bradycardia**–Slowing of the heart rate. (See tachycardia.)

**Brainstem**–The base of the human brain, which lies just above the spinal cord and controls breathing and other involuntary activities.

**Cardio-Pulmonary Resuscitation (CPR)**–A procedure whereby a victim who is not breathing or has no pulse is massaged so that blood flow and oxygen exchange are maintained.

**Cause (of SIDS)**–A condition or event directly responsible for the death of an individual infant.

**Coroner**–An officer of the law who holds inquests in regard to violent, sudden, or unexplained deaths. (See medical examiner.)

**Co-Sleeping**–The practice of having an infant sleep in the same bed with its parents.

**Crib Death/Cot Death**–Synonyms for SIDS

**Diagnosis of Exclusion**–SIDS is known as a diagnosis of exclusion because it is reported as the cause of death only as a last resort, when all other causes have been eliminated from consideration.

**DPT Vaccine**–The vaccine, often given at about two months of age, to inoculate children against diptheria, pertussis (whooping cough), and tetanus. Links between this vaccine and SIDS have not been supported by research findings.

**Forensic Medicine**–The application of medical knowledge to legal issues.

**Gastroesophageal Reflux**–An excessive or pathologic tendency toward the reverse flow of stomach contents into the esophagus and sometimes into the throat, from whence refluxed material can be inhaled into the lungs.

**Homeostatic Control Mechanisms**–Innate behaviors of an infant to automatically regulate body conditions such as temperature, oxygen, and carbon dioxide levels in the blood, or heart rate.

**Hypoxia**–The condition wherein too little oxygen reaches tissues and organs.

**International Classification of Diseases, 9th Revision (ICD-9)**–A guide for the classification of morbidity and mortality information for statistical purposes published by the World Health Organization.

**Medical Examiner**–A physician trained specifically in forensic medicine and pathology who conducts death investigations. (See coroner.)

**Metabolic Disorder**–An abnormality of a physical or chemical process underlying vital cellular or organ function.
Prevention
Through
Understanding:
Investigating
Unexpected
Child Death

Monitoring—Using an apparatus to observe and/or record physical signs such as respiration, pulse, and blood pressure.

Pathology—1. The study of disease, its essential nature, cause, and development, and the structural and functional changes it produces. 2. A condition that might lead to sickness, disability, or death. No pathologies have been discovered that are strongly associated with subsequent SIDS deaths.

Petechiae—Pinpoint hemorrhages often found on the surfaces of organs or in the lining of the chest cavity. Petechiae are a characteristic finding in autopsies of SIDS victims.

Postmortem—An examination of the body after death, usually with such dissection as will expose the vital organs for determining the cause of death or the character and extent of changes produced by disease; an autopsy.

Predisposition—A latent susceptibility to disease that may be activated under certain conditions, such as by physiologic stresses.

Prone (Sleep position)—Sleeping on one's stomach. Evidence suggests that prone sleeping increases the risk of SIDS. (See supine.)

Risk Factor—A statistically derived rating of how much more common the factor under study is in the population suffering from the disease than in populations without the disease.

Risk factors for SIDS include
- prone sleeping,
- secondhand smoke,
- over- or under-dressing infants,
- male gender,
- age between 2 and 4 months,
- bottle-feeding, and
- subsequent SIDS sibling—a son or daughter born to parents after they have lost an infant to SIDS.

Subsequent SIDS Sibling—A son or daughter born to parents after they have lost an infant to SIDS.

Sudden Infant Death Syndrome (SIDS)—When an (often) apparently healthy baby suddenly dies, for no apparent reason. SIDS is defined as the death of an infant between the ages of one month and one year which remains unexplained after a thorough postmortem, investigation of the death scene, and review of the clinical history.

Supine (Sleep position)—Sleeping on one's back. Evidence suggests that supine sleeping reduces the risk of SIDS. (See prone.)

Surviving SIDS Sibling—A son or daughter born to parents before they have lost an infant to SIDS.

Syndrome—A set of signs and symptoms that occur together often enough to constitute a specific condition or entity.

Tachycardia—A more rapid than normal heart rate. (See bradycardia.)
SIDS in Tennessee

Infant Mortality, Tennessee

![Graph showing infant mortality trends in Tennessee from 2016 to 2020.]


Tennessee Infant Deaths Sleep-Related vs. All Other Causes, 2014–2018

![Graph comparing sleep-related infant deaths vs. all other causes of death from 2016 to 2020.]


Sleep-Related Infant Deaths by Region 2017 vs 2018

<table>
<thead>
<tr>
<th>Region</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelby</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>Mid-Cumberland</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>East</td>
<td>13</td>
<td>12</td>
</tr>
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<td>West</td>
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<td>15</td>
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<td>Davidson</td>
<td>10</td>
<td>11</td>
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<tr>
<td>South Central</td>
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<td>Upper Cumberland</td>
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<td>8</td>
</tr>
<tr>
<td>Southeast</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

* Numbers for Madison, Sullivan, and Hamilton are suppressed due to confidentiality concern.

Data source: Tennessee Department of Health, Child Fatality Review.
Contributing Factors in Sleep-Related Infant Deaths, 2018

**Includes comforter, blanket, pillow, bumper pads, toys, plastic bags, and other.**

Data Source: Tennessee Department of Health, Child Fatality Review

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Contributing Factors in Sleep-Related Infant Deaths
Tennessee, 2014-2018

Data Source: Tennessee Department of Health, Division of Family Health and Wellness, Child Fatality Review Database. Prepared May 2020 by Division of Family Health and Wellness.
Appendix C

Tennessee Services and Information

Child Safety

The Department of Children's Services responds to over 37,000 reports of child abuse and neglect a year. Every day, more than 100 children are reported abused or neglected in Tennessee. The Child Protective Services division strives to protect children whose lives or health are seriously jeopardized because of abusive acts or negligence. This division also supports the preservation of families. The department practices risk-oriented case management in order to help protect children. These are some of the caseworker’s major areas of responsibility:

- Investigating referrals of child abuse or neglect
- Identifying the risks that contributed to the abuse or neglect
- Delivering appropriate services to reduce risks
- Evaluating the success of the intervention
- Continuing services, if necessary
- Closing the case or reuniting the child/children and family

What Is Child Abuse?

Child abuse and neglect occurs when a child is mistreated, resulting in injury or risk of harm. Abuse can be physical, verbal, emotional, or sexual.

Physical abuse is nonaccidental physical trauma or injury inflicted by a parent or caretaker on a child. It also includes a parent’s or a caretaker’s failure to protect a child from another person who perpetrated physical abuse on a child. In its most severe form, physical abuse is likely to cause great bodily harm or death.

Physical neglect is the failure to provide for a child's physical survival needs to the extent that there is harm or risk of harm to the child's health or safety. This may include, but is not limited to, abandonment, lack of supervision, life-endangering physical hygiene, lack of adequate nutrition that places the child below the normal growth curve, lack of shelter, lack of medical or dental care that results in health-threatening conditions, and the inability to meet basic clothing needs of a child. In its most severe form, physical neglect may result in great bodily harm or death.

Sexual abuse includes penetration or external touching of a child’s intimate parts, oral sex with a child, indecent exposure or any other sexual act performed in a child’s presence for sexual gratification, sexual use of a child for prostitution, and the manufacturing of child pornography. Child sexual abuse is also the willful failure of the parent or the child’s caretaker to make a reasonable effort to stop child sexual abuse by another person.

Emotional abuse includes verbal assaults, ignoring and/or indifference to a child, or constant family conflict. If a child is degraded enough, the child will begin to live up to the image communicated by the abusing parent or caretaker.

Child abuse can happen anywhere—in poor, middle-class, or well-to-do homes or in rural or urban areas.
Who Should Report Child Abuse?

Somewhere in your community there is a family who has a serious problem. The children in that family are being abused and neglected by their parents. According to Tennessee law, all persons (including doctors, mental health professionals, child care providers, dentists, family members, and friends) must report suspected cases of child abuse or neglect. Failure to report child abuse or neglect is a violation of the law.

If you believe a child has been abused or neglected call (877) 237-0004 to report it.

Possible Indicators of Abuse and Neglect

- The child has repeated injuries that are not properly treated or adequately explained.
- The child begins acting in unusual ways, ranging from disruptive and aggressive to passive and withdrawn behavior.
- The child acts in the role of parent toward brothers and sisters or even toward parents.
- The child may have disturbed sleep (nightmares, bed-wetting, fear of sleeping alone, needing a nightlight).
- The child loses his/her appetite, overeats, or reports being hungry.
- There is a sudden drop in school grades or participation in activities.
- The child may act in stylized ways, such as sexual behavior that is not normal for his/her age group.
- The child may report abusive or neglectful acts.

The above signs indicate that something is wrong but do not necessarily point to abuse. However, if you notice these signs early, you may be able to prevent abuse or neglect.

Parents who abuse or neglect their children may show some common characteristics:

- Possible drug/alcohol history
- Disorganized home life
- May seem to be isolated from the community and have no close friends
- When asked about a child’s injury, may offer conflicting reasons or no explanation at all
- May seem unwilling or unable to provide for a child’s basic needs
- May not have age-appropriate expectations of their children
- May use harsh discipline that is not appropriate for a child’s age or behavior
- Were abused or neglected as a child

Parents who abuse their children need help, but few are able to admit the problem and seek assistance. Long-term trends show that more than 85 percent of the perpetrators of child abuse and neglect in Tennessee were the parents or relatives of the victims. Staffs at schools, day cares, and institutions were perpetrators in only two percent of the investigations. Adolescents as well as adults can be perpetrators of abuse.
What Happens in an Investigation?

The process of investigation can include talking with the alleged child victim (or observing a young, nonverbal child), parents, and/or the alleged perpetrator. CPS workers will gather pertinent medical and psychological information and will work with their counterparts in the medical, psychological, judicial, and law enforcement fields. The investigations can also include interviews of neighbors or friends who have knowledge of the child's situation. The emphasis remains on constantly evaluating the risk to the alleged child victim during the entire investigative process.

In reports involving severe child abuse, DCS will notify the local district attorney and law enforcement offices. These include reports that involve a child's death or serious injury or situations involving torture, malnutrition, and child sexual abuse. Furthermore, Tennessee law requires local child protective investigation teams to review certain cases. The investigative team in each county includes representatives from DCS, the local district attorney general's office, juvenile court, law enforcement, and the mental health profession.

What Happens When I Call Central Intake?

When a person notifies the Department of Children's Services regarding possible abuse or neglect of a child, Children's Services case managers determine how quickly to respond with an investigation. They must assess the referral information and focus on the present and future risks to the child. Considering the condition of the child and the risk of future maltreatment helps a case manager know how to quickly respond to an abuse or neglect referral and what priority to assign to that referral. DCS accepts reports of child maltreatment provided they meet the following three criteria:

- The report pertains to a child under the age of 18 years.
- The report alleges harm or imminent risk of harm to the child.
- The alleged perpetrator is a parent or caretaker; a relative or other person living in the home; an educator, volunteer, or employee of a recreational/organizational setting who is responsible for the child; any individual providing treatment, care, or supervision for the child.

DCS accepts all referrals involving sexual abuse of children under the age of 13 years, regardless of the previous relationship between the alleged victim and the alleged perpetrator. DCS does not investigate sexual abuse allegations of a child 13 to 18 years old by an alleged perpetrator who does not have a relationship with the child, as defined above, unless the child is in the department's custody. DCS may assist law enforcement or the district attorney's office in such cases.

Here is the information you'll be asked to provide if you call to report child abuse.

- Nature of the harm or specific incident(s) that precipitated the report
- Specific allegation(s), date(s) and descriptions(s) of the injuries or dangers
- Identities of alleged perpetrator(s) and their relationships to the victim
- Witnesses to the incident(s) and how to reach those witnesses
- Details of any physical evidence available
- Perpetrator's current access to the child
- Present condition of the child (alone, in need of medical attention, etc.)
• The location of the child and directions to get there
• Any statements from the child
• Parent's or perpetrator's explanation of the alleged child victim's condition or the incident
• Parent's current emotional, physical, or mental state, especially feelings about the child and reactions to the report
• How the reporter came to know the information and the reporter's thoughts about the likelihood of further harm to the child

The reporter's identity is confidential, but a name should be given so the department can follow up with the reporter, if necessary. The reporter is free from civil or criminal liability for reports of suspected child abuse or neglect made in good faith.

To report abuse or neglect, call 1-877-237-0004 or go to www.tn.gov/dcs and click on “How to Report Child Abuse.”

Tennessee Department of Children's Services, Child Safety Division
www.tn.gov/dcs
Child Fatality Review (CFR) Teams

Child Fatality Review Teams review deaths in order to

- promote understanding of the causes of childhood deaths,
- identify deficiencies in the delivery of services to children and families by public agencies, and
- make and carry out recommendations that will prevent future childhood deaths.

Members of the state team include the following:

- Department of Health commissioner (chair)
- Attorney general
- Department of Children's Services commissioner
- Tennessee Bureau of Investigation director
- Physician (nominated by Tennessee Medical Association)
- Physician credentialed in forensic pathology
- Department of Mental Health and Substance Abuse Services commissioner
- Judiciary member nominated by the Supreme Court chief justice
- Tennessee Commission on Children and Youth chair
- Department of Intellectual and Developmental Disabilities commissioner
- Two members of the Senate
- Two members of the House of Representatives
- One member representing a child abuse prevention organization

Members of the local teams include the following:

- Department of Health regional health officer
- Department of Children's Services social services supervisor
- Medical examiner
- Prosecuting attorney appointed by the district attorney general
- Local law enforcement officer
- Mental health professional
- Pediatrician or family practice physician
- Emergency medical services provider or firefighter
- Juvenile court representative
- Representatives of other community agencies serving children

Tennessee Department of Health
www.tn.gov/health/health-program-areas/fhw/child-fatality-review.html
## Tennessee Child Fatality Review Districts

### Northeast
- **Judicial District 1:** Carter, Johnson, Unicoi, and Washington Counties
- **Judicial District 3:** Greene, Hamblen, Hancock, and Hawkins Counties

### Sullivan
- **Judicial District 2:** Sullivan County

### East
- **Judicial District 4:** Cocke, Grainger, Jefferson, and Sevier Counties
- **Judicial District 5:** Blount County
- **Judicial District 7:** Anderson County
- **Judicial District 8:** Campbell, Claiborne, Fentress, Scott, and Union Counties
- **Judicial District 9:** Loudon, Meigs, Morgan, and Roane Counties

### Knox
- **Judicial District 6:** Knox County

### Southeast
- **Judicial District 10:** Bradley, McMinn, Monroe, and Polk Counties
- **Judicial District 12:** Bledsoe, Franklin, Grundy, Marion, Rhea, and Sequatchie Counties

### Hamilton
- **Judicial District 11:** Hamilton County

### Upper-Cumberland
- **Judicial District 13:** Clay, Cumberland, DeKalb, Overton, Pickett, Putnam, and White Counties
- **Judicial District 15:** Jackson, Macon, Smith, Trousdale, and Wilson Counties
- **Judicial District 31:** Van Buren and Warren Counties

### South Central
- **Judicial District 14:** Coffee County
- **Judicial District 17:** Bedford, Lincoln, Marshall, and Moore Counties
- **Judicial District 2101:** Hickman, Lewis, and Perry Counties
- **Judicial District 2201:** Giles, Lawrence, and Wayne Counties
- **Judicial District 2202:** Maury County

### Mid-Cumberland
- **Judicial District 16:** Cannon, and Rutherford Counties
- **Judicial District 18:** Sumner County
- **Judicial District 1901:** Montgomery County
- **Judicial District 1902:** Robertson County
- **Judicial District 2102:** Williamson County
- **Judicial District 23:** Cheatham, Dickson, Houston, Humphreys, and Stewart Counties

### Davidson
- **Judicial District 20:** Davidson County

### West
- **Judicial District 24:** Benton, Carroll, Decatur, Hardin, and Henry Counties
- **Judicial District 25:** Fayette, Hardeman, Lauderdale, McNairy, and Tipton Counties
- **Judicial District 27:** Obion and Weakley Counties
- **Judicial District 28:** Crockett, Gibson, and Haywood Counties
- **Judicial District 29:** Dyer and Lake Counties

### Madison +
- **Judicial District 26:** Chester, Henderson, and Madison Counties

### Shelby
- **Judicial District 30:** Shelby County

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Revised 12/14/2004
State of Tennessee
Department of Health
Sudden Unexplained Child Death Investigation Report
For use in children aged 1 year and older

-Investigation Data-

Child’s Information:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>M.</th>
<th>SS#</th>
</tr>
</thead>
</table>

Sex: □ M □ F  DOB: / /  SS#:  Case#: 

Race: □ White □ Black/African Am. □ Asian/Pacific Islander □ Other  Ethnicity: □ Hispanic/Latino

Primary Address:  City:  St:  Zip: 

Incident Address:  City:  St:  Zip: 

Contact Information for Witness:

Relationship to the deceased: □ Birth Mother □ Birth Father □ Grandmother □ Adoptive or Foster Parents □ Physician

□ Health Records □ Other:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>M.</th>
<th>SS#</th>
</tr>
</thead>
</table>

Home Address:  City:  St:  Zip: 

Place of work:  City:  St:  Zip: 

Phone (H): ( )  Phone (W): ( )  Date of Birth: / / 

-Witness Interview-

1. Tell me what happened:

2. Did you notice anything unusual or different about the child in the last 24 hours?  □ No  □ Yes → Describe:

3. Did the child experience any falls or injury within the last 72 hours?  □ No  □ Yes → Describe:

4. When was the child LAST KNOWN ALIVE (LKA)?  / / :  Month  Day  Year  Military Time  Location (Room)

5. When was the child FOUND?  / / :  Month  Day  Year  Military Time  Location (Room)
6. Explain how you knew the child was still alive.

7. Describe the child’s appearance when found. Describe and specify location:
   a) Discoloration around face/nose/mouth
      - Unknown □ No □ Yes
   b) Secretions (foam, froth)
      - Unknown □ No □ Yes
   c) Skin discoloration (liver mortis)
      - Unknown □ No □ Yes
   d) Pressure marks (pale areas, blanching)
      - Unknown □ No □ Yes
   e) Rash or petechiae (small red blood spots on skin, membranes, or eyes)
      - Unknown □ No □ Yes
   f) Marks on body (scratches or bruises)
      - Unknown □ No □ Yes
   g) Other
      - Unknown □ No □ Yes

8. What did the child feel like when found? (Check all that apply)
   - Sweaty □ Limp, flexible □ Warm to touch □ Rigid, stiff □ Cool to touch □ Unknown
   - Other, specify:

9. Did anyone else other than EMS try to resuscitate the child?
   - No □ Yes □
   - Who: ____________________________
   - When: / / __________
     Month Day Year
     Military Time

10. Please describe what was done as part of the resuscitation:

11. Has the parent/caregiver ever had a child die suddenly and unexpectedly? □ No □ Yes → Describe:

-Child Medical History-

1. Source of medical information:
   □ Doctor □ Other health care provider □ Medical record □ Parent/primary caregiver □ Family □ Other

2. In the 72 hours prior to death, did the child have:
   a) Fever
      - Unknown □ No □ Yes
   b) Excessive sweating
      - Unknown □ No □ Yes
   c) Lethargy or sleeping more than usual
      - Unknown □ No □ Yes
   d) Fussiness or excessive crying
      - Unknown □ No □ Yes
   e) Decrease in appetite
      - Unknown □ No □ Yes
   f) Vomiting
      - Unknown □ No □ Yes
   g) Choking
      - Unknown □ No □ Yes
   h) Diarrhea
      - Unknown □ No □ Yes
   i) Stool changes
      - Unknown □ No □ Yes
   j) Difficulty breathing
      - Unknown □ No □ Yes
   k) Apnea (stopped breathing)
      - Unknown □ No □ Yes
   l) Cyanosis (turned blue/gray)
      - Unknown □ No □ Yes
   m) Seizures or convulsions
      - Unknown □ No □ Yes
   n) Other, specify:

3. In the 72 hours prior to death, was the child injured or did s/he have any other condition(s) not mentioned? □ No □ Yes → Describe:

4. In the 72 hours prior to death, was the child given any medications or vaccinations? □ No □ Yes → List Below:
   (please include any home remedies, herbal medications, over-the-counter medications)
<table>
<thead>
<tr>
<th>Name of medication or vaccination</th>
<th>Dose last given</th>
<th>Date given</th>
<th>Approx. Time</th>
<th>Reason given/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Military Time</td>
<td></td>
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</tr>
</tbody>
</table>

PH-4100 Page 2 of 5 RDA 1094
5. At any time in the child's life, did s/he have a history of?

| a) Allergies (food, medication or other) | Unknown | No | Yes → |
| b) Abnormal growth or weight loss/gain | Unknown | No | Yes → |
| c) Apnea (stopped breathing) | Unknown | No | Yes → |
| d) Cyanosis (turned blue/gray) | Unknown | No | Yes → |
| e) Seizures or convulsions | Unknown | No | Yes → |
| f) Cardiac (heart) abnormalities | Unknown | No | Yes → |
| g) Other | Unknown | No | Yes → |

Describe:

6. Did the child have any birth defects?  No  Yes → Describe:

7. Describe the two most recent times that the child was seen by a physician or health care provider: (Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls)

<table>
<thead>
<tr>
<th>a) Date</th>
<th>First most recent visit</th>
<th>Second most recent visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month/Day/Year</td>
<td>Month/Day/Year</td>
</tr>
<tr>
<td>b) Reason for visit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Action taken:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Physician's Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Hospital/Clinic:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) City, Zip code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Phone number:</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

8. Birth Hospital Name:

Street Address:  
City:  State:  Zip code:

-Incident Scene Investigation-

1. Where did the incident or death occur?

2. Was this the primary residence?  No  Yes

3. Is the site of the incident or death scene a daycare or other childcare setting?  Yes  No → Skip to question 8 below

4. How many children were under the care of the provider at the time of the incident or death?  ___________ (Under 18 years old)

5. How many adults were supervising the child(ren)?  ___________ (18 years or older)

6. What is the license number and licensing agency for the daycare?

License Number:  Agency:

7. How long has the daycare been open for business?

8. How many people live at the site of the incident or death scene?

Number of adults (18 years or older):  Number of children (under 18 years old):

9. Which of the following heating or cooling sources were being used? (Check all that apply)

- Central air  - Window fan  - Electric (radiant) ceiling heat  - Open window(s)
- A/C window unit  - Gas furnace or boiler  - Wood burning fireplace  - Wood burning stove
- Ceiling fan  - Electric space heater  - Coal burning furnace  - Unknown
- Floor/table fan  - Electric baseboard heat  - Kerosene space heater
- Other, specify:  

10. Describe the general appearance of the incident scene: (ex. Cleanliness, hazards, overcrowding, etc.)
-Investigation Summary-

1. Are there any factors, circumstances, or environmental concerns about the incident scene investigation that may have impacted the child that have not yet been identified?

2. Arrival times:

   - Law enforcement at scene: ____________________________
   - DSI at scene: ____________________________
   - Child at hospital: ____________________________

   Military time Military time Military time

-Investigator’s Notes-

Indicate the task(s) performed:

- Additional scenes(s)? (Forms attached)
- Doll reenactment/scene re-creation
- Photos or video taken and noted
- Materials collected/evidence logged
- Referral for counseling
- EMS run sheet/report
- Notify next of kin or verify notification
- 911 tape
- Other (explain)

If more than one person was interviewed, does the information differ? □ No □ Yes → Detail any differences, inconsistencies of relevant information: (ex. Placed on sofa, last known alive on chair)

-Investigation Diagrams-

Scene Diagram:  

Body Diagram:

Lead Death Investigator or Designee:

Signature: ____________________________  Title: ____________________________  Date: ____________________________

Signature: ____________________________  Title: ____________________________  Date: ____________________________
### Investigator Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Agency:</th>
<th>Phone:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Investigated:</th>
<th>Pronounced dead:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>/</td>
<td>/</td>
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### Case Information:

**Child Information:**

<table>
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<tr>
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<th>First:</th>
<th>M.</th>
<th>Case#</th>
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<table>
<thead>
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<th>Sex:</th>
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<th>Female</th>
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<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Age:</th>
<th>Years</th>
<th>Months</th>
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<td>/</td>
<td>/</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Race:</th>
<th>White</th>
<th>Black/African Am.</th>
<th>Asian/Pacific Islander</th>
<th>Other</th>
<th>Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>

### Sleeping Environment

1. **Indicate whether preliminary investigation suggests any of the following:**

- [ ] Yes [x] No Asphyxia (ex. Wedging, choking, nose/mouth obstruction, neck compression, immersion in water)
- [ ] Yes [x] No Hyperthermia/Hypothermia (ex. Hot or cold environments)
- [ ] Yes [x] No Environmental hazards (ex. Carbon monoxide, noxious gases, chemicals, drugs, devices)

### Child History

- [ ] Yes [x] No Recent hospitalization
- [ ] Yes [x] No Previous medical diagnosis
- [ ] Yes [x] No History of acute life-threatening events (ex. Apnea, seizures, difficulty breathing)
- [ ] Yes [x] No History of medical care without diagnosis
- [ ] Yes [x] No Recent fall or other injury
- [ ] Yes [x] No History of religious, cultural, or ethnic remedies
- [ ] Yes [x] No Cause of death due to natural causes other than SIDS (ex. Birth defects, complications of pre-term birth)
- [ ] Yes [x] No Prior sibling deaths
- [ ] Yes [x] No Previous encounters with police or social service agencies
- [ ] Yes [x] No Request for tissue or organ donation
- [ ] Yes [x] No Objection to autopsy
- [ ] Yes [x] No Pre-terminal resuscitative treatment
- [ ] Yes [x] No Death due to trauma (injury), poisoning, or intoxication

### Family Info

### Exam

### Investigator Insight

Any "Yes" answers should be explained and detailed. Brief description of circumstances:

### Pathologist Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Agency:</th>
</tr>
</thead>
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Prevention Through Understanding:
Investigating Unexpected Child Death
Instructions:

This case report is used by Child Death Review (CDR) teams to enter data into the National Fatality Review Case Reporting System (NFR-CRS). The NFR-CRS is available to states and local sites from the National Center for Fatality Review & Prevention (NCFRP) and requires a data use agreement for data entry. The purpose is to collect comprehensive information from multiple agencies participating in a review. The NFR-CRS documents demographics, the circumstances involved in the death, investigative actions, services provided or needed, key risk factors and actions recommended and/or taken by the team to prevent other deaths.

While this data collection form is an important part of the CDR process, it should not be the central focus of the review meeting. Experienced users have found that it works best to assign a person to record data while the team discussions are occurring. Persons should not attempt to answer every single question in a step-by-step manner as part of the team discussion.

It is not expected that teams will have answers to all of the questions related to a death. However, over time teams begin to understand the importance of data collection and bring the necessary information to the meeting. The percentage of cases marked "unknown" and unanswered questions decreases as the team becomes more familiar with the form. The NFR-CRS Data Dictionary is available as a PDF in the Help menu or as individual help icons in the online data entry system. It contains definitions for each data element and should be referred to when the team is unsure how to answer a question. Use of the data dictionary helps teams improve consistency of data entry.

The form contains three types of questions: (1) select one response as represented by a circle; (2) select multiple responses as represented by a square; and (3) free text responses. This last type is indicated by the words "specify" or "describe."

Many teams ask what is the difference between leaving a question blank and selecting the response "unknown." A question should be marked "unknown" if an attempt was made to find the answer but no clear or satisfactory response was obtained. A question should be left blank (unanswered) if no attempt was made to find the answer. "N/A" stands for "not applicable" and should be used if the question does not apply.

Throughout the form, a plus sign (+) beside a question indicates that the question is skipped for fetal deaths.

Reminder:
Enter identifiable information (names, dates, addresses, counties) into the NFR-CRS if your state/local policy allows. Follow your state laws in regards to reporting psychological, substance abuse and HIV/AIDS status. Please check with your fatality review coordinator if you are unsure. For other text fields, such as the Narrative section or any "specify" or "describe" fields, do not include specific names, dates of birth, dates of death, references to specific counties, practitioners, or facility names in these text fields. Examples: "Evans County EMS" should be "EMS"; "Evans County Children's Hospital" should be "the children's hospital."

Why this reminder? Text fields may be shared with approved researchers as noted in the Data Use Agreement in your state or jurisdiction. Therefore, entering identified data into those fields would compromise your responsibility under HIPAA.

Additional paper forms can be ordered from the NCFRP at no charge. Users interested in participating in the NFR-CRS for data entry and reporting should contact the NCFRP. This version includes the Sudden and Unexpected Infant Death (SUID) Case Registry and the Sudden Death in the Young (SDY) Case Registry questions.

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### A. CHILD INFORMATION

**A1. CHILD INFORMATION (COMPLETE FOR ALL AGES)**

1. Child's name: First: Middle: Last: U/K
2. Date of birth: U/K
   - mm dd yyyy
3. Date of death: U/K
   - mm dd yyyy
4. Age*: ○ Years ○ Hours
   ○ Months ○ Minutes
   ○ Days U/K
5. Race, check all that apply:
   - Alaska Native, Tribe: ○ Native Hawaiian
   - American Indian, Tribe: ○ White
   - Asian, specify: ○ U/K
   - Black
6. Hispanic or Latino/a origin? ○ Yes No U/K
7. Sex: ○ Male ○ Female ○ U/K
8. Residence address: U/K
   - Street:
   - Apt.
   - City:
   - State: Zip: County:
9. Child's weight at death*: ○ Pounds/ounces mm dd yyyy
   ○ Grams/kilograms
10. Child's height at death*: ○ Feet/Inches mm dd yyyy
    ○ Cm
11. State of death:
12. County of death:
13. Child had disability or chronic illness*: ○ Yes ○ No ○ U/K
   If yes, check all that apply:
   - Physical/orthopedic, specify: None
   - Mental health/substance abuse, specify: Medicaid
   - Cognitive/intellectual, specify: Indian Health Service
   - Sensory, specify: Other, specify:
   - U/K
14. Were any siblings placed outside of the home prior to this child's death? ○ N/A ○ Yes, # _____ ○ No ○ U/K
15. Child's health insurance, check all that apply*:
   - None ○ Medicaid ○ Indian Health Service ○ U/K
   - Private ○ State plan ○ Other, specify:
16. Was the child up to date with the Centers for Disease Control and Prevention (CDC) immunization schedule*? ○ NA ○ Yes No, specify: ○ U/K
17. Household income:
   - High ○ Medium ○ Low ○ U/K
18. Type of residence:
   - Parental home ○ Relative home ○ Jail/detention
   - Licensed group home ○ Living on own ○ Other, specify:
   - Licensed foster home ○ Shuttle ○ U/K
   - Relative foster home ○ Homeless ○ U/K
19. New residence in past 30 days? ○ Yes ○ No ○ U/K
20. Residence overcrowded? ○ Yes ○ No ○ U/K
21. Child ever homeless? ○ Yes ○ No ○ U/K
22. Number of other children living with child:
23. Child had history of child maltreatment as victim? ○ Yes ○ No ○ U/K
   If yes, check all that apply:
   - Physical ○ Through CPS
   - Neglect ○ Other sources
   - Sexual If through CPS: # CPS referrals # Substantiations
   - Emotional/psychological
   - U/K
24. Was there an open CPS case with child at time of death? ○ Yes ○ No ○ U/K
25. Was child ever placed outside of the home prior to the death? ○ Yes ○ No ○ U/K
26. How many months prior to death did child last have contact with a health care provider? _____

### A2. COMPLETE FOR CHILDREN OVER ONE YEAR OLD

27. Child's highest education level:
   - N/A ○ Home schooled, 9-12
   - None ○ Drop out
   - Preschool ○ HS graduate/GED
   - Grade K-8 ○ College
   - Grade 9-12 ○ U/K
   - Home schooled, K-8
28. Child's work status:
   - N/A ○ Employed ○ Not working ○ U/K
29. Did child have problems in school? ○ N/A ○ Yes No ○ U/K
   If yes, check all that apply:
   - Academic ○ Expulsion
   - Truancy ○ Other, specify:
   - Suspensions ○ Behavioral ○ U/K
30. Child had history of intimate partner violence? Check all that apply:
   - N/A ○ Yes, as victim ○ Yes, as perpetrator ○ No ○ U/K
<table>
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<tr>
<th>Question</th>
<th>Options</th>
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<tbody>
<tr>
<td>31. Child had received prior mental health services?</td>
<td>N/A, Yes, No, U/K</td>
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<tr>
<td>If yes, check all that apply:</td>
<td></td>
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<tr>
<td>- Outpatient</td>
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<tr>
<td>- Day treatment/partial hospital</td>
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<tr>
<td>- Residential</td>
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| 32. Child was receiving mental health services?                         | N/A, Yes, No, U/K                                                       |
| If yes, check all that apply:                                           |                                                                        |
|   - Outpatient                                                          |                                                                        |
|   - Residential                                                         |                                                                        |
|   - Day treatment/partial hospital                                      |                                                                        |

| 33. Child on medications for mental health illness?                     | N/A, Yes, No, U/K                                                       |

| 34. Child had emergency department visit for mental                     | N/A, Yes, No, U/K                                                       |
| health care within the previous 12 months?                              |                                                                        |

| 35. Child was hospitalized for mental health care within the previous   | N/A, Yes, No, U/K                                                       |
| 12 months?                                                              |                                                                        |

| 36. Issues prevented child from receiving mental health services?       | N/A, Yes, No, U/K                                                       |

| 37. Child had history of substance use or abuse?                        | N/A, Yes, No, U/K                                                       |
| If yes, check all that apply:                                           |                                                                        |
|   - Alcohol                                                             |                                                                        |
|   - Prescription drugs, specify:                                        |                                                                        |
|   - Cocaine                                                             |                                                                        |
|   - Over-the-counter drugs, specify:                                    |                                                                        |
|   - Marijuana                                                           |                                                                        |
|   - Tobacco/nicotine, specify type:                                     |                                                                        |
|   - Methamphetamine                                                     |                                                                        |
|   - Other, specify:                                                     |                                                                        |
|   - Opioids                                                             |                                                                        |
| If yes, did the child receive treatment?                                | N/A, Yes, No, U/K                                                       |
| If yes, type? Check all that apply:                                     |                                                                        |
|   - Outpatient                                                          |                                                                        |
|   - Day treatment/partial hospital                                      |                                                                        |
|   - Inpatient/detox                                                     |                                                                        |

| 38. Child had delinquent or criminal history?                           | N/A, Yes, No, U/K                                                       |
| If yes, check all that apply:                                           |                                                                        |
|   - Assault                                                             |                                                                        |
|   - Weapon                                                              |                                                                        |
|   - Robbery/threat                                                      |                                                                        |
|   - Offense                                                             |                                                                        |
|   - Drugs/alcohol                                                       |                                                                        |
|   - Other, specify:                                                    |                                                                        |

| 39. Child spent time in juvenile detention?                             | N/A, Yes, No, U/K                                                       |

| 40. Child acutely ill in the two weeks before death?                   | N/A, Yes, No, U/K                                                       |

| 41. What was child's gender identity?                                  | No identity expressed, Male, not transgender, Female, not transgender, Transgender male, Transgender female, Non-binary, Other, specify: |

| 42. What was child's sexual orientation?                               | No orientation expressed, Straight/heterosexual, Questioning, Gay/lesbian, Other, specify: |

| 43. Case was reviewed by both a Fetal/Infant Mortality Review (FIMR) and Child Death Review (CDR/CFR) team? | Yes, No, U/K |

| 44. Gestational age:                                                   | U/K |
| 45. Birth weight:                                                     | Grams/kilograms, Pounds/ounces |
| 46. Multiple gestation pregnancy?                                      | Yes, # of fetuses, No, U/K    |

| 47. Including the deceased infant, how many pregnancies did the childbearing parent have? | #, U/K |

| 48. Including the deceased infant, how many live births did the childbearing parent have? | #, U/K |

| 49. Not including the deceased infant, number of children childbearing parent still has living? | #, U/K |

| 50. Prenatal care provided during pregnancy of deceased infant?        | Yes, No, U/K |
| If yes, number of prenatal visits kept:                               | #, U/K |
| If yes, what month of pregnancy for first prenatal visit kept:        | Specify 1-9, U/K |

| 51. Were there access or barrier issues related to prenatal care?      | Yes, No, U/K |
| If yes, check all that apply:                                         | Other, specify: |
|   - Lack of money for care                                           |                                                                        |
|   - Limitations of health insurance coverage                         |                                                                        |
|   - Multiple providers, not coordinated                              |                                                                        |
|   - Lack of transportation                                           |                                                                        |
|   - Cultural differences                                             |                                                                        |
|   - Lack of child care                                               |                                                                        |
|   - Lack of family/social support                                    |                                                                        |

| 52. During pregnancy, did the childbearing parent have any medical conditions/comlications? | Yes, No, U/K |
| If yes, check all that apply:                                         | Other, specify: |
|   - Cardiovascular                                                    |                                                                        |
|   - Hypertension - gestational                                       |                                                                        |
|   - Hypertension - chronic                                            |                                                                        |
|   - Pre-eclampsia                                                     |                                                                        |
|   - Eclampsia                                                         |                                                                        |
|   - Cloting disorder                                                  |                                                                        |
|   - Sexually Transmitted Infection (STI)                              |                                                                        |
|   - Hematologic                                                       |                                                                        |
|   - Sickle cell disease                                               |                                                                        |
|   - Anemia (iron deficiency)                                          |                                                                        |
|   - Respiratory                                                       |                                                                        |
|   - Asthma                                                            |                                                                        |
|   - Endocrine/Metabolic                                               |                                                                        |
|   - Diabetes, type 1 chronic                                          |                                                                        |
|   - Diabetes, type 2 chronic                                          |                                                                        |
|   - Diabetes, gestational                                            |                                                                        |
|   - Thyroid                                                           |                                                                        |
|   - Polycystic ovarian disease                                        |                                                                        |
|   - Neurologic/Psychiatric                                           |                                                                        |
|   - Addiction disorder                                               |                                                                        |
|   - Depression                                                       |                                                                        |
|   - Anxiety disorder                                                 |                                                                        |
|   - Seizure disorder                                                 |                                                                        |
|   - Other STI, specify:                                              |                                                                        |
|   - Intrauterine growth restriction                                   |                                                                        |
|   - Bacterial vaginosis (BV)                                          |                                                                        |
|   - Chlamydia                                                        |                                                                        |
|   - Gonorrhea                                                        |                                                                        |
|   - Herpes                                                           |                                                                        |
|   - HPV                                                              |                                                                        |
|   - Syphilis                                                         |                                                                        |
|   - Group B strep                                                    |                                                                        |
|   - HIV/AIDS                                                         |                                                                        |
|   - Umbilical cord complications                                     |                                                                        |
|   - Premature rupture of membranes (PROM)                            |                                                                        |
|   - Umbilical cord complications                                     |                                                                        |
|   - Premature rupture of membranes (PPROM)                           |                                                                        |
|   - Cervical Insufficiency                                           |                                                                        |
|   - Other STI, specify:                                              |                                                                        |
|   - Placental problems                                               |                                                                        |
|   - Abruption                                                        |                                                                        |
|   - Previa                                                           |                                                                        |
|   - Other, specify:                                                  |                                                                        |
|   - Placental problems                                               |                                                                        |
|   - Decreased fetal movement                                         |                                                                        |
|   - HELLP syndrome                                                   |                                                                        |
|   - CBP developmental delay                                           |                                                                        |
|   - Oral health/dental or gum infection                               |                                                                        |
|   - Gastrointestinal                                                 |                                                                        |
|   - CBP genetic disorder                                             |                                                                        |
|   - Abnormal MSAFP                                                   |                                                                        |
|   - Obesity                                                          |                                                                        |
|   - Other, specify:                                                  |                                                                        |

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53. Did the childbearing parent experience any medical complications in previous pregnancies?

- N/A
- Yes
- No
- U/K

- Previous preterm birth
- Previous small for gestational age

If yes, check all that apply:
- Previous low birth weight birth
- Previous large for gestational age (greater than 4000 grams)

54. Did the childbearing parent use any medications, drugs or other substances during pregnancy?

- Yes
- No
- U/K

If yes, check all that apply:
- Over-the-counter meds
- Anti-epileptic
- Anti-hypertensives
- Anti-hypothyroidism
- Arthritis medications
- Anxiety/anti-anxiety medications
- Depression medications
- Antipsychotics
- Diabetes medications
- Asthma medications
- Nausea/vomiting medications
- Cholesterol medications
- Meds to treat preterm labor
- Meds used during delivery
- Methamphetamine
- Alcohol
- U/K

If any item is checked, please indicate the generic or brand name of the medications or drugs:

55. Was the infant/fetus born drug exposed?

- Yes
- No
- U/K

56. Did the infant have neonatal abstinence syndrome (NAS)?

- Yes
- No
- U/K

57. Level of birth hospital:

- 1
- 2
- 3
- 4

- Freestanding birth center
- Home birth
- Other, specify:

58. At discharge from the birth hospital, was a case manager assigned to the childbearing parent?

- Yes
- No
- U/K

59. Did the childbearing parent have contact with their care provider within the first 3 weeks postpartum?

- Yes
- No
- U/K

60. Did the infant have a NICU stay of more than one day?

- Yes
- No
- U/K

61. Did the childbearing parent smoke in the 3 months before pregnancy?

- Yes
- No
- U/K

If yes, Avg # cigarettes/day

62. Did the childbearing parent smoke at any time during pregnancy?

- Yes
- No
- U/K

If yes, Avg # cigarettes/day

63. Did the childbearing parent use e-cigarettes or other electronic nicotine products at any time during pregnancy?

- Yes
- No
- U/K

If yes, on average how often?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- U/K

If this was a fetal death, go to Section B.

64. Did the childbearing parent have postpartum depression?

- Yes
- No
- U/K

If yes, describe:

65. Did the childbearing parent use any herbal, prescription, over-the-counter medications and home remedies.

- Yes
- No
- U/K

66. Did the childbearing parent have any of the following? Check all that apply:

- None
- Cyanosis
- Seizures or convulsions
- Other, specify:
- Cardiac abnormalities
- Lethargy/sleeping more than usual
- Fussiness/excessive crying
- Baby food
- Cereal
- Other, specify:

67. What did the infant have for his/her last meal?

- Breast milk
- Formula
- Baby food
- Cereal
- Other, specify:

If the infant never left the hospital following birth, go to Section B.

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**B. BIOLOGICAL PARENT INFORMATION**  
No information available, go to Section C

1. **Parents alive on date of child’s death?**  
   Even if parent(s) are deceased at time of child’s death, please fill out the remaining questions.  
   - Childbearing Biological Parent (CBP) alive:  
     - Yes  
     - No  
     - U/K  
   - Non-Childbearing Biological Parent (Non-CBP) alive:  
     - Yes  
     - No  
     - U/K

2. **Parents’ race, check all that apply:**
   - CBP  
   - Non-CBP  
   - Alaska Native, Tribe:  
   - American Indian, Tribe:  
   - Asian, specify:  
   - Black  
   - Native Hawaiian  
   - Pacific Islander, specify:  
   - White  
   - U/K

3. **Parents’ Hispanic or Latino/a origin?**
   - CBP  
   - Non-CBP  
   - Yes, specify origin:  
   - No  
   - U/K

4. **Parents’ age in years at time of child’s death:**
   - CBP  
   - Non-CBP  
   - # Years  
   - U/K

5. **Parents’ employment status:**
   - CBP  
   - Non-CBP  
   - Employed  
   - Unemployed  
   - On disability  
   - Stay-at-home  
   - Retired  
   - U/K

6. **Parents’ education:**
   - CBP  
   - Non-CBP  
   - < High school  
   - High school/GED  
   - College  
   - Post graduate  
   - U/K

7. **Parents speak and understand English?**
   - CBP  
   - Non-CBP  
   - Yes  
   - No  
   - U/K

8. **Parents first generation immigrant?**
   - CBP  
   - Non-CBP  
   - Yes  
   - No  
   - U/K

9. **Parents on active military duty?**
   - CBP  
   - Non-CBP  
   - Yes, specify branch:  
   - No  
   - U/K

10. **Parents receive social services in the past twelve months?**
    - CBP  
    - Non-CBP  
    - Yes  
    - No  
    - U/K

11. **Parents have substance abuse history?**
    - CBP  
    - Non-CBP  
    - Yes  
    - No  
    - U/K

12. **Parents ever victim of child maltreatment?**
    - CBP  
    - Non-CBP  
    - Yes, as victim  
    - No  
    - U/K

13. **Parents ever perpetrator of child maltreatment?**
    - CBP  
    - Non-CBP  
    - Yes, as perpetrator  
    - No  
    - U/K

14. **Parents have disability or chronic illness?**
    - CBP  
    - Non-CBP  
    - Yes  
    - No  
    - U/K

15. **Parents have prior child deaths?**
    - CBP  
    - Non-CBP  
    - Yes  
    - No  
    - U/K

16. **Parents have history of intimate partner violence?**
    - CBP  
    - Non-CBP  
    - Yes, as victim  
    - No  
    - U/K

17. **Parents have delinquent/criminal history?**
    - CBP  
    - Non-CBP  
    - Yes  
    - No  
    - U/K

**C. PRIMARY CAREGIVER(S) INFORMATION**  
If fetal death, skip to Section D.

1. **Primary caregiver(s):** Select only one each in columns one and two.  
   - One  
   - Two  
   - Self, go to Section D  
   - Foster parent  
   - Other relative  
   - Sunrise parent, go to Section D  
   - Parent’s partner  
   - Friend  
   - Non-childbearing biological parent, go to Section D  
   - Grandparent  
   - Institutional staff  
   - Adoptive parent  
   - Sibling  
   - Other, specify:  
   - Stepparent  
   - U/K

2. **Caregiver(s) age in years:**
   - One  
   - Two  
   - # Years  
   - U/K

3. **Caregiver(s) sex:**
   - One  
   - Two  
   - Male  
   - Female  
   - U/K

4. **Caregiver(s) race, check all that apply:**
   - One  
   - Two  
   - Alaska Native, Tribe:  
   - American Indian, Tribe:  
   - Asian, specify:  
   - Black  
   - Native Hawaiian  
   - Pacific Islander, specify:  
   - White  
   - U/K

5. **Caregiver(s) Hispanic or Latino/a origin?**
   - One  
   - Two  
   - Yes  
   - No  
   - U/K

6. **Caregiver(s) employment status:**
   - One  
   - Two  
   - Employed  
   - Unemployed  
   - On disability  
   - Stay-at-home  
   - Retired  
   - U/K
7. Caregiver(s) education:
   - One: < High school
   - Two: High school/GED
   - One: College
   - Two: Post graduate
   - One: U/K
   If no, language spoken:

8. Do caregiver(s) speak and understand English?
   - One: Yes
   - Two: No
   - One: U/K

9. Caregiver(s) first generation immigrant?
   - One: Yes, country of origin:
   - Two: No
   - One: U/K

10. Caregiver(s) on active military duty?
    - One: Yes, specify branch:
    - Two: No
    - One: U/K

11. Caregiver(s) receive social services in the past twelve months?
    - One: Yes
    - Two: No
    - One: U/K

12. Caregiver(s) have substance abuse history?
    - One: Yes
    - Two: No
    - One: U/K

13. Caregiver(s) ever victim of child maltreatment?
    - One: Yes
    - Two: No
    - One: U/K

14. Caregiver(s) ever perpetrator of child maltreatment?
    - One: Yes
    - Two: No
    - One: U/K

15. Caregiver(s) have disability or chronic illness?
    - One: Yes
    - Two: No
    - One: U/K

16. Caregiver(s) have prior child deaths?
    - One: Yes
    - Two: No
    - One: U/K

17. Caregiver(s) have history of intimate partner violence?
    - One: Yes, as victim
    - Two: No
    - One: U/K

18. Caregiver(s) have delinquent/criminal history?
    - One: Yes
    - Two: No
    - One: U/K

D. SUPERVISOR INFORMATION
   Answer this section only if the child ever left the hospital following birth

1. Did child have supervision at time of incident leading to death?
   - One: Yes, answer D2-16
   - Two: No, not needed given developmental age or circumstances, go to Sec. E
   - One: No, but needed, answer D3-16
   - Two: Unable to determine, try to answer D3-16

2. How long before incident did supervisor last see child?
   - One: Child in sight of supervisor
   - Two: Minutes _____  Days _____
   - One: Hours _____  U/K

3. Is supervisor listed in a previous section?
   - One: Yes, childbearing parent, go to D15
   - Two: Yes, non-childbearing biological parent, go to D15
   - One: Yes, caregiver one, go to D15
   - Two: Yes, caregiver two, go to D15
   - One: No

4. Primary person responsible for supervision at the time of incident? Select only one:
   - One: Adoptive parent
   - Two: Step parent
   - One: Foster parent
   - Two: Parent's partner
   - One: Grandparent
   - Two: Hospital staff, go to D15
   - One: Institutional staff, go to D15
   - Two: Babysitter
   - One: Licensed child care worker
   - Two: Other, specify:
   - One: U/K

5. Supervisor's age in years: ________
   - One: Male
   - Two: Female
   - One: U/K

6. Supervisor's sex:
   - One: Yes
   - Two: No
   - One: U/K

7. Supervisor speaks and understands English?
   - One: Yes
   - Two: No
   - One: U/K

8. Supervisor on active military duty?
   - One: Yes
   - Two: No
   - One: U/K

9. Supervisor has substance abuse history?
   - One: Yes
   - Two: No
   - One: U/K

10. Supervisor has history of child maltreatment?
    - One: As Victim
    - Two: As Perpetrator
    - One: Yes
    - Two: No
    - One: U/K

11. Supervisor has disability or chronic illness?
    - One: Yes
    - Two: No
    - One: U/K

12. Supervisor has prior child deaths?
    - One: Yes
    - Two: No
    - One: U/K

13. Supervisor has history of intimate partner violence?
    - One: Yes, as victim
    - Two: No
    - One: U/K

14. Supervisor has delinquent or criminal history?
    - One: Yes
    - Two: No
    - One: U/K

15. At the time of the incident, was the supervisor asleep?
    - One: Yes
    - Two: No
    - One: U/K

16. At time of incident was supervisor impaired?
    - One: Yes
    - Two: No
    - One: U/K
**E. INCIDENT INFORMATION**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the date of the incident the same as the date of death?</td>
<td></td>
</tr>
<tr>
<td>Yes, same as date of death</td>
<td></td>
</tr>
<tr>
<td>No, different than date of death. Enter date of incident:</td>
<td></td>
</tr>
<tr>
<td><strong>/</strong>/YYYY</td>
<td></td>
</tr>
<tr>
<td>Military installation</td>
<td></td>
</tr>
<tr>
<td>State or county park, other recreation area</td>
<td></td>
</tr>
<tr>
<td>2. Approximate time of day that incident occurred?</td>
<td></td>
</tr>
<tr>
<td>Hour, specify 1-12: PM</td>
<td></td>
</tr>
<tr>
<td>AM</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>3. Place of incident, check all that apply:</td>
<td></td>
</tr>
<tr>
<td>Child’s home</td>
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<tr>
<td>Licensed child care center</td>
<td></td>
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<tr>
<td>Military installation</td>
<td></td>
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<tr>
<td>State or county park, other recreation area</td>
<td></td>
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<tr>
<td>Relative’s home</td>
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<tr>
<td>Licensed child care home</td>
<td></td>
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<tr>
<td>Jail/detention facility</td>
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<tr>
<td>Sidewalk</td>
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<tr>
<td>Hospital</td>
<td></td>
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<tr>
<td>Friend’s home</td>
<td></td>
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<tr>
<td>Unlicensed child care home</td>
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<tr>
<td>Sidewalk</td>
<td></td>
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<tr>
<td>Licenced foster care home</td>
<td></td>
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<tr>
<td>Farm/ranch</td>
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<tr>
<td>Sidewalk</td>
<td></td>
</tr>
<tr>
<td>Licensed foster care home</td>
<td></td>
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<tr>
<td>School</td>
<td></td>
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<tr>
<td>U.K</td>
<td></td>
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<tr>
<td>4. Type of area:</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td></td>
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<tr>
<td>Suburban</td>
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<tr>
<td>Rural</td>
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<tr>
<td>Frontier</td>
<td></td>
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<tr>
<td>U.K</td>
<td></td>
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<tr>
<td>5. Incident state:</td>
<td></td>
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<tr>
<td>6. Incident county:</td>
<td></td>
</tr>
<tr>
<td>7. Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
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<tr>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, specify the type of event (e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death:</td>
<td></td>
</tr>
<tr>
<td>If yes, specify the name of the event if applicable (e.g., Paradise Wild Fire, Hurricane Irma, COVID-19, etc.):</td>
<td></td>
</tr>
<tr>
<td>8. Was the incident witnessed?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, by whom?</td>
<td></td>
</tr>
<tr>
<td>Parent/relative</td>
<td></td>
</tr>
<tr>
<td>Other caretaker/babysitter</td>
<td></td>
</tr>
<tr>
<td>Health care professional, if death occurred in a hospital setting</td>
<td></td>
</tr>
<tr>
<td>9. Was 911 or local emergency called?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
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<tr>
<td>10. Was resuscitation attempted?</td>
<td></td>
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<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
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<tr>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, by whom?</td>
<td></td>
</tr>
<tr>
<td>EMS</td>
<td></td>
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<tr>
<td>Parent/relative</td>
<td></td>
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<tr>
<td>Other caretaker/babysitter</td>
<td></td>
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<tr>
<td>Rescue medications, including naloxone, specify type:</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>11. At time of incident leading to death, had child used drugs or alcohol?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Opioids</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
</tr>
<tr>
<td>Prescription drugs</td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
</tr>
<tr>
<td>Over-the-counter drugs</td>
<td></td>
</tr>
<tr>
<td>Methamphetamine</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>12. Child’s activity at time of incident, check all that apply:</td>
<td></td>
</tr>
<tr>
<td>Sleeping</td>
<td></td>
</tr>
<tr>
<td>Working</td>
<td></td>
</tr>
<tr>
<td>Driving/vehicle occupant</td>
<td></td>
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<tr>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>Playing</td>
<td></td>
</tr>
<tr>
<td>Eating</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>13. Total number of deaths at incident event, including child:</td>
<td></td>
</tr>
<tr>
<td>Children, ages 0-18</td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>U.K</td>
<td></td>
</tr>
</tbody>
</table>

**F. INVESTIGATION INFORMATION**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was a death investigation conducted?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
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<tr>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td></td>
</tr>
<tr>
<td>Medical examiner</td>
<td></td>
</tr>
<tr>
<td>ME investigator</td>
<td></td>
</tr>
<tr>
<td>Law enforcement</td>
<td></td>
</tr>
<tr>
<td>EMS</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>Coronor</td>
<td></td>
</tr>
<tr>
<td>Coroner investigator</td>
<td></td>
</tr>
<tr>
<td>Fire investigator</td>
<td></td>
</tr>
<tr>
<td>Child Protective Services</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, which of the following death investigation components were completed?</td>
<td></td>
</tr>
<tr>
<td>1. Was a death investigation conducted?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td></td>
</tr>
<tr>
<td>CDC’s SUIDI Reporting Form or jurisdictional equivalent</td>
<td></td>
</tr>
<tr>
<td>Narrative description of circumstances</td>
<td></td>
</tr>
<tr>
<td>Scene photos</td>
<td></td>
</tr>
<tr>
<td>Scene recreation with doll</td>
<td></td>
</tr>
<tr>
<td>Witness interviews</td>
<td></td>
</tr>
<tr>
<td>If yes, was a death scene investigation conducted at the place of incident?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>2. What additional information would the team like to have known about the death scene investigation?</td>
<td></td>
</tr>
<tr>
<td>3. Death referred to:</td>
<td>4. Person declaring official cause and manner of death:</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>☐ Medical examiner</td>
<td>☐ Medical examiner</td>
</tr>
<tr>
<td>☐ Coroner</td>
<td>☐ Hospital physician</td>
</tr>
<tr>
<td>☐ Not referred</td>
<td>☐ Mortician</td>
</tr>
<tr>
<td>☐ U/K</td>
<td>☐ Other physician</td>
</tr>
<tr>
<td></td>
<td>☐ Other, specify:</td>
</tr>
</tbody>
</table>

5. Autopsy performed? ☐ Yes ☐ No ☐ U/K

If yes, conducted by:
- ☐ Forensic pathologist
- ☐ Unknown type pathologist
- ☐ Pediatric pathologist
- ☐ Other physician
- ☐ Yes ☐ No ☐ U/K If yes, specify specialist:
- ☐ General pathologist
- ☐ Other, specify: ☐ Medical examiner
- ☐ Hospital physician
- ☐ Mortician
- ☐ U/K

6. Were the following assessed either through the autopsy or through information collected prior to the autopsy? Please list any abnormalities/significant findings in F10.

<table>
<thead>
<tr>
<th>Imaging</th>
<th>External Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ X-ray - single</td>
<td>☐ Exam of general appearance</td>
</tr>
<tr>
<td>☐ X-ray - multiple views</td>
<td>☐ Head circumference</td>
</tr>
<tr>
<td>☐ X-ray - complete skeletal series</td>
<td>☐ Other Autopsy Procedures:</td>
</tr>
<tr>
<td>☐ Other imaging, specify (includes MRI, CT scan, photos of the brain, etc):</td>
<td>☐ Gross examination of organs done?</td>
</tr>
<tr>
<td>☐</td>
<td>☐ Were weights of any organs taken?</td>
</tr>
</tbody>
</table>

7. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in F10.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

8. Was any toxicity testing performed on the child? ☐ Yes ☐ No ☐ U/K

If yes, what were the results? ☐ Negative ☐ Cocaine ☐ Methamphetamine ☐ Too high Rx drug, specify: ☐ Other, specify:

Check all that apply: ☐ Alcohol ☐ Marijuana ☐ Opioids ☐ Too high OTC drug, specify: ☐ U/K

9. Was the child's medical history reviewed as part of the autopsy? ☐ Yes ☐ No ☐ U/K

If yes, did this include:
- ☐ Review of the newborn metabolic screen results?
- ☐ Review of neonatal CCHD screen results?

10. Describe any abnormalities or other significant findings noted in the autopsy:

11. What additional information would the team like to have known about the autopsy?

12. Was there agreement between the cause of death listed on the autopsy report and on the death certificate? ☐ N/A ☐ Yes ☐ No ☐ U/K

If no, describe the differences:

13. Was a CPS record check conducted as a result of death? ☐ Yes ☐ No ☐ U/K

14. Did the child ever have any injuries that were suspicious of child abuse? ☐ Yes ☐ No ☐ U/K

If yes, what injuries were found?
- ☐ Skin injury
- ☐ Broken bones
- ☐ Abdominal injury
- ☐ Mouth injury
- ☐ Head injury
- ☐ U/K
- ☐ Burns

15. Did any investigation find evidence of prior abuse? ☐ N/A ☐ Yes ☐ No ☐ U/K

If yes, from what source?
- ☐ From x-rays
- ☐ From law enforcement
- ☐ From autopsy
- ☐ From CPS review

16. CPS action taken because of death? ☐ N/A ☐ Yes ☐ No ☐ U/K

If yes, highest level of action taken because of death:
- ☐ Report screened out and not investigated
- ☐ Unsubstantiated
- ☐ Inconclusive
- ☐ Substantiated

If yes, what services or actions resulted? Check all that apply:
- ☐ Voluntary services offered
- ☐ Voluntary services provided
- ☐ Court-ordered services provided
- ☐ Voluntary out of home placement
- ☐ Court-ordered out of home placement
- ☐ Children removed
- ☐ Parental rights terminated
- ☐ U/K

17. If death occurred in licensed setting (see E3), indicate action taken:

- ☐ No action
- ☐ License suspended
- ☐ License revoked
- ☐ Investigation ongoing
- ☐ Other, specify: ☐ U/K

6. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable: ☐ U/K

2. Enter the following information exactly as written on the death certificate:

   Immediate cause (final disease or condition resulting in death):
   a. 
   b. 
   c. 
   d. 

3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in G2 exactly as written on the death certificate: ☐ U/K

4. If injury, describe how injury occurred exactly as written on the death certificate: ☐ U/K
5. Official manner of death from the death certificate:
- Natural
- Accident
- Suicide
- Homicide
- Undetermined
- Pending
- U/K

If manner of death was not Natural or Suicide, check this box if it is possible that the child intended to hurt him/herself. If checked, complete the Suicide Section (I6) to note other risk factors in the child's life.

6. Primary cause of death: Choose 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.

From an external cause of injury. Select one:
- Motor vehicle and other transport, go to H1
- Fire, burn, or electrocution, go to H2
- Drowning, go to H3
- Asphyxia, go to H4
- Bodily force or weapon, go to H5

From a medical cause. Select one and go to H8:
- Asthma/respiratory, specify:
- Cancer, specify:
- Cardiovascular, specify:
- Congenital anomaly, specify:
- COVID-19
- Diabetes
- HIV/AIDS
- Influenza
- Low birth weight
- Malnutrition/dehydration
- Undetermined if injury or medical cause, go to I1
- U/K, go to I1

H. DETAILED INFORMATION BY CAUSE OF DEATH: CHOOSE THE ONE SECTION THAT IS SAME AS THE CAUSE SELECTED ABOVE

H1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident:
- Total number of vehicles: ______
- Child’s vehicle
- Other primary vehicle
  - None
  - Car
  - Van
  - Sport utility vehicle
  - Truck
  - Semi/tractor trailer
  - RV/bus/school bus
  - Motorcycle
  - Tractor/farm vehicle
  - All terrain vehicle
  - Snowmobile
  - Bicycle
  - Train/subway/trolley
  - Other, specify:
  - U/K

b. Position of child:
- Driver
- Passenger
  - Front seat
  - Back seat
  - Truck bed
  - Other, specify:
  - U/K
  - On bicycle
  - Pedestrian
  - Walking
  - Boarding/blading
  - Other, specify:
  - U/K
  - U/K

If bicycle, boarding/blading or other, was the child riding something electric?
- Yes
- No
- U/K

If passenger, relationship of driver to child:
- Biological parent
- Adoptive parent
- Stepparent
- Foster parent
- Parent’s partner
- Grandparent
- Sibling
- Other relative
- Friend
- Other, specify:
- U/K

Autonomous?
- Yes
- No
- U/K

N/A

- Child’s vehicle
  - Yes
  - No
  - U/K
- Other vehicle
  - Yes
  - No
  - U/K

c. Did any of the following contribute to the incident? Check all that apply:
- None listed below
- Speeding over limit
- Unsafe speed for conditions
- Recklessness
- Carelessness
- Racing, not authorized
- Drug use
- Alcohol use
- Vehicle ran over child
- Vehicle flipped over
- Poor weather
- Poor visibility
- Poor sight line
- Road hazard
- Car changing lanes
- Driver inexperience
- Electronic use e.g., cell phone, smart watch, in-car navigation
- Driver distraction
- Ran stop sign or red light
- Other driver error, specify:
  - U/K

d. Location of incident, check all that apply:
- City street
- Residential street
- Rural road
- Highway
- Intersection
- Driveway
- Parking area
- Off road
- RR xing/tracks
- Other, specify:
  - U/K

If yes, check all that apply:
- Loose gravel
- Ice/snow
- Wet
- Inadequate lighting
- Other, specify:
  - U/K

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### Incident Type
- Child not in/on a vehicle, but struck by vehicle
- Child in/on a vehicle, struck by the other vehicle
- Child in/on a vehicle that struck the other vehicle
- Child in/on a vehicle that struck person/object/ran off the road
- Other event, specify:
- U/K

### Driver who was responsible for the incident
- Child was responsible as driver of vehicle, including single vehicle incidents
- Driver of child’s vehicle was responsible, including single vehicle incidents
- Driver of the other vehicle was responsible, including child as pedestrian hit by vehicle
- Multiple drivers were responsible, go to j
- Unable to determine driver responsible, go to j
- Other, specify:
- U/K

### Age and License Type of Driver Responsible for Incident
- Age of Driver (if not child)
  - <16 years
  - 16 to 18 years old
  - 19 to 21 years old
  - 22 to 29 years old
  - 30 to 65 years old
  - >65 years old
  - U/K
- License type/violation:
  - Has no license
  - Has a learner's permit
  - Has a graduated license
  - Has a full license
  - Has a full license that has been restricted
  - Has a suspended license
  - Was violating graduated licensing rules
  - Other, specify:
  - U/K
- Total number of occupants in vehicle responsible for incident:
  - Total number of occupants:
  - Number of teens, ages 14-21:

### Other Event, Specify
- U/K

### Age and License Type of Driver Responsible for Incident, Check All That Apply
- Total number of occupants: N/A
- Age: U/K
- License type/violation: U/K
- Total number of occupants: N/A
- Number of teens, ages 14-21: N/A
- U/K

### H2. Fire, Burn, or Electrocution

#### Ignition, Heat or Electrocution Source
- Matches
- Cigarette lighter
- Cigarette or cigar
- Candles
- Cooking stove
- Electrical outlet
- Other, specify:
- U/K
- Heating stove
- Space heater
- Power line
- Electrical outlet
- Other, specify:
- U/K
- Lightning
- Hot bath water
- Other, specify:
- U/K

#### Fire Started by a Person
- Yes
- No
- U/K

#### Did Any Factors Delay Fire Department Arrival?
- Yes
- No
- U/K

#### Were Barriers Preventing Safe Exit?
- Yes
- No
- U/K

#### Was Building a Rental Property?
- Yes
- No
- U/K

#### Were Building/Rental Codes Violated?
- Yes
- No
- U/K

#### Did the Child or Family Have Two or More Possible Exits from the Location as Where the Child Was Found?
- Yes
- No
- U/K

#### Did the Child or Family Have a Fire Escape Plan?
- Yes
- No
- U/K

#### Was There a Home Fire Drill?
- Yes
- No
- U/K

#### For Electrocution, What Cause?
- Lightning/electrical storm
- Faulty wiring
- Contact with power line
- Wire/product in water
- Child playing with outlet
- Other, specify:
- U/K

---

**Page 11 of 24**
H3. DROWNING

a. Where was child last seen before drowning? Select one.
- In water
- Near water
- In yard
- In bathroom/tub
- In house
- In car
- Other, specify:
- UK

b. Drowning location:
- Open water/pond, go to c
- Pool, hot tub, spa, go to f
- Bathtub, go to f
- Other, specify and go to h
- UK, go to h

c. For open water, place:
- Lake
- Ocean
- River
- Quarry or gravel pit
- Pond
- Canal/drainage ditch
- Creek
- UK

d. Was child boating?
- Yes
- No
- UK

f. For pool, type of pool:
- Above-ground
- In-ground
- Hot tub, spa
- Wading
- Other, specify:
- UK

g. For pool, ownership is:
- Private
- Public
- UK

h. Flotation device used at time of the incident?
- N/A
- Yes, specify:
- UK

i. Did the child depend on a life jacket, swim vest or swim aid while in or around water?
- N/A
- Yes
- No
- UK

j. Did barriers/layers of protection exist to prevent access to water?
- Yes
- No
- UK

If yes, check all that apply:
- Fence
- Gate
- Door
- Alarm
- Cover

Was it breached?
- Yes
- No
- UK

If yes, check all that apply:
- Fence surrounds water on:
  - Four sides
  - Three sides
  - Two or one side
  - UK

k. Local ordinance(s) regulating access to water?
- Yes
- No
- UK

If yes, rules violated?
- Yes
- No
- UK

l. Select all of the child’s water safety skills (without assistance or flotation device):
- Tread water for 1 minute
- Swim 25 yards
- None of these
- Float on their back
- Find a safe exit from the water
- Control breathing
- Return to surface
- Exit the water
- Had swimming lessons

m. Child able to swim?
- N/A
- Yes
- No
- UK

n. Warning sign or label posted?
- N/A
- Yes
- No
- UK

o. Lifeguard present?
- N/A
- Yes
- No
- UK

p. Rescue attempt made?
- N/A
- Yes
- No
- UK

If yes, who? Check all that apply:
- Parent/relative
- EMS/first responder
- Other child
- Bystander
- Lifeguard
- Other, specify:
- UK

If yes, did rescuer(s) also drown?
- Yes
- No
- UK

q. Appropriate rescue equipment present?
- N/A
- Yes
- No
- UK

If yes, was it used?
- Yes
- No
- UK

If no, describe:

H4. ASPHYXIA

a. Type of event:
- Sleep-related, go to I1
- Not sleep-related, go to b
- UK, go to b

b. If not sleep-related, was the event:
- Suffocation, go to c
- Strangulation, go to d
- Choking, go to e
- Other, go to I1

c. If suffocation, was the child:
- Covered in or fell into object
- Confined in tight space
- Wedged into tight space, specify:
- Other, specify:

d. If strangulation, object causing event:
- Clothing
- Electrical cord
- Blind cord
- Person, go to H5
- Car seat
- Automobile power window or sunroof
- Belt
- Other, specify:
- Rope/string
- Leash
- UK

e. If choking, object causing choking:
- Food, specify:
- Toy, specify:
- Vomit/gastric contents
- Other, specify:
- UK

f. If choking, was Heimlich Maneuver attempted?
- Yes
- No
- UK
### H5. BODILY FORCE OR WEAPON

<table>
<thead>
<tr>
<th>a. Was the death a result of a weapon?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, go to b</td>
</tr>
<tr>
<td>No, death due to bodily force, go to U/K</td>
</tr>
<tr>
<td>U/K, go to b</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Type of weapon:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm, go to c</td>
</tr>
<tr>
<td>Knife or sharp instrument, go to l</td>
</tr>
<tr>
<td>Rope, go to l</td>
</tr>
<tr>
<td>Other, specify and go to l</td>
</tr>
<tr>
<td>U/K, go to l</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. For firearms, type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handgun</td>
</tr>
<tr>
<td>Shotgun</td>
</tr>
<tr>
<td>Rifle, specify:</td>
</tr>
<tr>
<td>3D gun</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Was the firearm considered a smart firearm, e.g., uses a fingerprint lock, RFID watch?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Was firearm kept loaded?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

If no, was the ammunition stored locked?

| Yes |
| No  |
| U/K |

<table>
<thead>
<tr>
<th>f. Was the firearm kept locked?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. Did the shooter of the firearm have permission to use the firearm at the time of incident?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. Did the caregiver or supervisor know a firearm was present at the time of incident?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. Was the person handling the firearm the owner?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>j. Owner of fatal firearm:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver</td>
</tr>
<tr>
<td>Other family member</td>
</tr>
<tr>
<td>Child's significant other</td>
</tr>
<tr>
<td>Friend/acquaintance</td>
</tr>
<tr>
<td>Stranger</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k. Was the firearm stolen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. Use of weapon at time, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self injury</td>
</tr>
<tr>
<td>Commission of crime</td>
</tr>
<tr>
<td>Drug dealing/trading</td>
</tr>
<tr>
<td>Drive-by shooting</td>
</tr>
<tr>
<td>Random violence</td>
</tr>
<tr>
<td>Child abuse</td>
</tr>
<tr>
<td>Child was a bystander</td>
</tr>
<tr>
<td>Argument</td>
</tr>
<tr>
<td>Jealousy</td>
</tr>
<tr>
<td>Intimate partner violence</td>
</tr>
<tr>
<td>Hate crime</td>
</tr>
<tr>
<td>Bullying</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

### H6. FALL OR CRUSH

<table>
<thead>
<tr>
<th>a. Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall, go to b</td>
</tr>
<tr>
<td>Crush, go to g</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Height of fall:</th>
</tr>
</thead>
<tbody>
<tr>
<td>feet</td>
</tr>
<tr>
<td>inches</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Child fell from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural elevation</td>
</tr>
<tr>
<td>Stairs/steps</td>
</tr>
<tr>
<td>Moving object, specify:</td>
</tr>
<tr>
<td>Animal, specify:</td>
</tr>
<tr>
<td>Bridge</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Surface child fell onto:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cement/concrete</td>
</tr>
<tr>
<td>Linoleum/vinyl</td>
</tr>
<tr>
<td>Grass</td>
</tr>
<tr>
<td>Marble/tile</td>
</tr>
<tr>
<td>Gravel</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
<tr>
<td>Wood floor</td>
</tr>
<tr>
<td>Carpeted floor</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Barrier in place, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>Stairway</td>
</tr>
<tr>
<td>Screen</td>
</tr>
<tr>
<td>Gate</td>
</tr>
<tr>
<td>Other window guard</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
<tr>
<td>Fence</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Was child pushed, dropped or thrown?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

If yes, go to H5l

<table>
<thead>
<tr>
<th>g. For crush, did child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climbing on object</td>
</tr>
<tr>
<td>Pull object down</td>
</tr>
<tr>
<td>Hide behind object</td>
</tr>
<tr>
<td>Go behind object</td>
</tr>
<tr>
<td>Fall out of object</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. For crush, object causing crush:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appliance</td>
</tr>
<tr>
<td>Boulders/rocks</td>
</tr>
<tr>
<td>Television</td>
</tr>
<tr>
<td>Dirt/sand</td>
</tr>
<tr>
<td>Furniture</td>
</tr>
<tr>
<td>Person, go to H5l</td>
</tr>
<tr>
<td>Walls</td>
</tr>
<tr>
<td>Commercial</td>
</tr>
<tr>
<td>Playground equipment</td>
</tr>
<tr>
<td>Farm equipment</td>
</tr>
<tr>
<td>Animal</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
<tr>
<td>Tree branch</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>
### H7. POISONING, OVERDOSE OR ACUTE INTOXICATION

#### a. Type of substance involved, check all that apply and note source, storage, and route of administration of substance:

<table>
<thead>
<tr>
<th>Source of Substance</th>
<th>5 = Own prescription (Prescription only)</th>
<th>Stored in locked cabinet?</th>
<th>How substance was taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Bought from dealer or stranger</td>
<td>6 = Bought from store/pharmacy (Prescription or illicit only)</td>
<td>Yes</td>
<td>1 = In utero</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>2 = Orally</td>
</tr>
<tr>
<td></td>
<td></td>
<td>U/K</td>
<td>3 = Nasally</td>
</tr>
<tr>
<td>2 = Bought from friend or relative</td>
<td>7 = Other</td>
<td>4 = Intravenously</td>
<td></td>
</tr>
<tr>
<td>3 = From friend or relative for free</td>
<td>9 = U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 = Took from friend or relative without asking</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### b. Was the incident the result of?

- Accidental overdose/acute intoxication
- Medical treatment mishap
- Deliberate poisoning
- Other, specify: U/K

#### c. Did the child have a prescription for a controlled substance within the previous 12 months?

- Yes
- No
- U/K

#### d. Did child have a non-fatal overdose within the previous 24 months?

- Yes
- No
- U/K

#### e. Was Poison Control contacted?

- Yes
- No
- U/K

#### f. For CO poisoning, was a CO alarm present?

- Yes
- No
- U/K

### H8. MEDICAL CONDITION

#### a. How long did the child have the medical condition?

- In utero: 1-11 months
- Since birth: > 1 year
- < 1 day
- 1-6 days: U/K
- 7-30 Days

#### b. Was the death expected as a result of the medical condition?

- Yes
- No
- U/K

#### c. Was child receiving health care for the medical condition?

- Yes
- No
- U/K

#### d. Did the family experience barriers that prohibited following the care plan?

- N/A
- Appointments
- Other, specify: U/K
- Medications, specify: U/K
- Medical equipment use, specify: U/K
- Therapies, specify: U/K

#### e. In the week prior to the death, did the child experience any changes to medical care?

- Yes, describe:
- No
- U/K

#### f. Was the medical condition associated with an outbreak?

- Yes
- No
- U/K

#### g. Was the death potentially caused by a medical error?

- Yes
- No
- U/K

#### h. Was the medical condition that caused the death a result of a complication or side effect of a previous illness, injury, condition, or medical treatment?

- Yes
- No
- U/K

### H9. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:
I. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

II. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY)

Section 11: OMB No. 0920-1092, Exp. Date: 5/31/2022

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)

a. Was this death:  
   - A homicide?  
   - A suicide?  
   - An overdose?  
   - A result of an external cause that was the obvious and only reason for the fatal injury?  
   - Expected within 6 months due to terminal illness?  
   - None of the above, go to 11b  
   - U/K, go to 11b  
   
   If any of these apply, go to Section I2, THIS IS NOT AN SDY CASE.

b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Present w/in 72 hours of death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Cardiac</td>
<td></td>
</tr>
<tr>
<td>Chest pain</td>
<td></td>
</tr>
<tr>
<td>Dizziness/lightheadedness</td>
<td></td>
</tr>
<tr>
<td>Fainting</td>
<td></td>
</tr>
<tr>
<td>Palpitations</td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
<td></td>
</tr>
<tr>
<td>Concussion</td>
<td></td>
</tr>
<tr>
<td>Confusion</td>
<td></td>
</tr>
<tr>
<td>Convulsions/seizure</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
</tr>
<tr>
<td>Head injury</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
</tr>
<tr>
<td>Difficulty breathing</td>
<td></td>
</tr>
<tr>
<td>Other Acute Symptoms</td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
</tr>
<tr>
<td>Muscle aches/cramping</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
</tbody>
</table>

c. At any time more than 72 hours preceding death did the child have a personal history of any of the following chronic conditions or symptoms?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Present more than 72 hours of death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Cardiac (continued)</td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
</tr>
<tr>
<td>Myocarditis (heart infection)</td>
<td></td>
</tr>
<tr>
<td>Pulmonary hypertension</td>
<td></td>
</tr>
<tr>
<td>Sudden cardiac arrest</td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
<td></td>
</tr>
<tr>
<td>Anoxic brain injury</td>
<td></td>
</tr>
<tr>
<td>Traumatic brain injury/</td>
<td></td>
</tr>
<tr>
<td>head injury/concussion</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>Difficulty breathing</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
</tbody>
</table>

d. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)?

  - Yes
  - No
  - U/K

  If yes, describe:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood disease</td>
<td>Y N U</td>
</tr>
<tr>
<td>Sickle cell disease</td>
<td></td>
</tr>
<tr>
<td>Sickle cell trait</td>
<td></td>
</tr>
<tr>
<td>Thrombophilia (clotting disorder)</td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td></td>
</tr>
<tr>
<td>Abnormal electrocardiogram (EKG or ECG)</td>
<td></td>
</tr>
<tr>
<td>Aneurysm or aortic dilatation</td>
<td></td>
</tr>
<tr>
<td>Arrhythmia/arrhythmia syndrome</td>
<td></td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td></td>
</tr>
<tr>
<td>Congenital heart disease</td>
<td></td>
</tr>
<tr>
<td>Coronary artery abnormality</td>
<td></td>
</tr>
<tr>
<td>Endocarditis</td>
<td></td>
</tr>
<tr>
<td>Heart failure</td>
<td></td>
</tr>
<tr>
<td>Heart murmur</td>
<td></td>
</tr>
<tr>
<td>Cardiac (continued)</td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
</tr>
<tr>
<td>Myocarditis (heart infection)</td>
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</tr>
<tr>
<td>Pulmonary hypertension</td>
<td></td>
</tr>
<tr>
<td>Sudden cardiac arrest</td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
<td></td>
</tr>
<tr>
<td>Anoxic brain injury</td>
<td></td>
</tr>
<tr>
<td>Traumatic brain injury/</td>
<td></td>
</tr>
<tr>
<td>head injury/concussion</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>Apnea</td>
<td></td>
</tr>
<tr>
<td>Neurologic (continued)</td>
<td></td>
</tr>
<tr>
<td>Neurodegenerative disease</td>
<td></td>
</tr>
<tr>
<td>Stroke/mini stroke/</td>
<td></td>
</tr>
<tr>
<td>TIA-Transient Ischemic Attack</td>
<td></td>
</tr>
<tr>
<td>Central nervous system</td>
<td></td>
</tr>
<tr>
<td>infection (meningitis or encephalitis)</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Pulmonary embolism</td>
<td></td>
</tr>
<tr>
<td>Pulmonary hemorrhage</td>
<td></td>
</tr>
<tr>
<td>Respiratory arrest</td>
<td></td>
</tr>
<tr>
<td>Condition (continued)</td>
<td>Diagnosed</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Connective tissue disease</td>
<td>Y N U</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Y N U</td>
</tr>
<tr>
<td>Endocrine disorder, other:</td>
<td>Y N U</td>
</tr>
<tr>
<td>thyroid, adrenal, pituitary</td>
<td>Y N U</td>
</tr>
<tr>
<td>Hearing problems or deafness</td>
<td>Y N U</td>
</tr>
</tbody>
</table>

If a more specific diagnosis is known, provide any additional information:

If any cardiac conditions above are selected, what cardiac treatments did the child have? Check all that apply:

- [ ] Cardiac ablation
- [ ] Cardiac device placement
  - (implanted cardioverter defibrillator (ICD) or pacemaker or Ventricular Assist Device (VAD))
- [ ] Heart surgery
- [ ] Interventional cardiac catheterization
- Other, specify:

Did the child have any blood relatives (brothers, sisters, parents, aunts, uncles, cousins, grandparents or other more distant relatives) with the following diseases, conditions or symptoms?

<table>
<thead>
<tr>
<th>Y N U</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N U</td>
<td>Sudden unexpected death before age 50</td>
</tr>
</tbody>
</table>

If yes, the type of event, which relative, and relative's age at death (for example, brother at age 30 who died in an unexplained motor vehicle accident (driver of car)):

**Heart Disease**
- [ ] Heart condition/heart attack or stroke before age 50
  - If yes, describe:
  - [ ] Aortic aneurysm or aortic rupture
  - [ ] Arrhythmia (fast or irregular heart rhythm)
  - [ ] Cardiomyopathy
  - [ ] Congenital heart disease
  - [ ] Neurologic Disease
    - [ ] Epilepsy or convulsions/seizure
    - [ ] Other neurologic disease

**Symptoms**
- [ ] Febrile seizures
- [ ] Unexplained fainting

**Other Diagnoses**
- [ ] Congenital deafness
- [ ] Connective tissue disease
- [ ] Mitochondrial disease
- [ ] Muscle disorder or muscular dystrophy
- [ ] Thrombophilia (clotting disorder)
- Other diseases that are genetic or run in families, specify:

Did a gene mutation found?
- [ ] Yes
- [ ] No
- [ ] U/K

If yes, describe the test/gene tested, reason for testing, family member tested, and results:

In the 72 hours prior to death was the child taking any prescribed medication(s)?
- [ ] Yes
- [ ] No
- [ ] U/K

If yes, describe:

Within 2 weeks prior to death had the child:
- [ ] Taken extra doses of prescribed medications
- [ ] Missed doses of prescribed medications
- [ ] Changed prescribed medications, describe:

Was the child compliant with their prescribed medications?
- [ ] N/A
- [ ] Yes
- [ ] No
- [ ] U/K

If not compliant, describe why and how often:

Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident?

<table>
<thead>
<tr>
<th>At incident</th>
<th>Within 24 hrs of incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stimuli</td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td>[ ] Yes [ ] No [ ] U/K [ ] Yes [ ] No [ ] U/K</td>
</tr>
<tr>
<td>Sleep deprivation</td>
<td>[ ] Yes [ ] No [ ] U/K [ ] Yes [ ] No [ ] U/K</td>
</tr>
<tr>
<td>Driving</td>
<td>[ ] Yes [ ] No [ ] U/K [ ] Yes [ ] No [ ] U/K</td>
</tr>
<tr>
<td>Visual/video game stimuli</td>
<td>[ ] Yes [ ] No [ ] U/K [ ] Yes [ ] No [ ] U/K</td>
</tr>
<tr>
<td>Emotional stimuli</td>
<td>[ ] Yes [ ] No [ ] U/K [ ] Yes [ ] No [ ] U/K</td>
</tr>
<tr>
<td>Auditory stimuli/startle</td>
<td>[ ] Yes [ ] No [ ] U/K [ ] Yes [ ] No [ ] U/K</td>
</tr>
<tr>
<td>Physical trauma</td>
<td>[ ] Yes [ ] No [ ] U/K [ ] Yes [ ] No [ ] U/K</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>[ ] Yes [ ] No [ ] U/K [ ] Yes [ ] No [ ] U/K</td>
</tr>
</tbody>
</table>

If yes to physical activity, describe type of activity:

At incident
| Within 24 hours of incident |
|----------------------------|-----------------------------|

If yes to any items above, describe:

g. Has any blood relative (siblings, parents, aunts, uncles, cousins, grandparents) had genetic testing?
- [ ] Yes
- [ ] No
- [ ] U/K

Has any blood relative (siblings, parents, aunts, uncles, cousins, grandparents) tested, reason for testing, family member tested, and results:

h. In the 72 hours prior to death was the child taking any prescribed medication(s)?
- [ ] Yes
- [ ] No
- [ ] U/K

If yes, describe:

i. Within 2 weeks prior to death had the child:
- [ ] Taken extra doses of prescribed medications
- [ ] Missed doses of prescribed medications
- [ ] Changed prescribed medications, describe:

j. Was the child compliant with their prescribed medications?
- [ ] N/A
- [ ] Yes
- [ ] No
- [ ] U/K

If not compliant, describe why and how often:

k. Was the child taking any of the following substance(s) within 24 hours of death?

Check all that apply:

- [ ] Over-the-counter medicine
- [ ] Alcohol
- [ ] Energy drinks
- [ ] Illegal drugs
- [ ] Caffeine
- [ ] Legalized marijuana
- [ ] Performance enhancers
- [ ] Other, specify:
- [ ] Supplements
- [ ] Tobacco
- [ ] U/K

If yes to any items above, describe:
m. Was the child an athlete? O N/A O Yes O No O U/K  
   If yes, type of sport: O Competitive O Recreational O U/K  
   If competitive, did the child participate in the 6 months prior to death? O Yes O No O U/K

n. Did the child ever have any of the following **uncharacteristic** symptoms during or within 24 hours after physical activity? Check all that apply:  
   - [ ] Chest pain  
   - [ ] Convulsions/seizure  
   - [ ] Dizziness/lightheadedness  
   - [ ] Fainting  
   - [ ] Palpitations  
   - [ ] Shortness of breath/difficulty breathing  
   - [ ] Other, specify: U/K  
   If yes to any item, describe type of physical activity and extent of symptoms:

   o. For child age 12 or older, did the child receive a pre-participation exam for a sport? O N/A O Yes O No O U/K  
   If yes: Was it done within a year prior to death? O Yes O No O U/K  
   Did the exam lead to restrictions for sports or otherwise? O Yes O No O U/K

   p. How old was the child when diagnosed with epilepsy/seizure disorder? Age 0 (infant) through 20 years: ________

   q. What were the underlying cause(s) of the child’s seizures? Check all that apply:  
   - [ ] Brain injury/trauma, O Other acute illness or injury other than brain tumor  
   - [ ] Brain tumor  
   - [ ] Cerebrovascular  
   - [ ] Central nervous system infection  
   - [ ] Developmental brain disorder  
   - [ ] Genetic/chromosomal  
   - [ ] Idiopathic or cryptogenic  
   [ ] Other, specify: U/K

r. Describe the child’s epilepsy/seizures (not including the seizure at time of death). Check all that apply:  
   - [ ] Last less than 30 minutes  
   - [ ] Last more than 30 minutes (status epilepticus)  
   - [ ] Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)  
   - [ ] U/K  
   If yes:  
   - [ ] Other, specify: U/K

   s. What type(s) of seizures did the child have? Check all that apply:  
   - [ ] Non-convulsive  
   - [ ] Convulsive (grand mal seizure or generalized tonic-clonic seizure)  
   - [ ] Occur when exposure to strobe lights, video game, or flickering light (reflex seizure)  
   - [ ] U/K  
   If yes:  
   - [ ] Other, specify: U/K

   t. How many seizures did the child have in the year preceding death?  
   - [ ] 0/never  
   - [ ] 1  
   - [ ] More than 1  
   - [ ] More than 3  
   - [ ] 0  
   - [ ] 3  
   - [ ] U/K

   u. Did the exam lead to restrictions for sports or otherwise? O Yes O No O U/K

   v. Was night surveillance used? O Yes O No O U/K

---

**Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)**

---

**12. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?** O Yes, go to 12a O No, go to 12l O U/K, go to 12a

a. Incident sleep place:  
   - [ ] Crib  
   - [ ] Adult bed  
   - [ ] Rocking-inclined sleeper  
   - [ ] Baby box  
   - [ ] If adult bed, what type?  
   - [ ] If car seat, was car seat secured in seat of car?  
   - [ ] Twin  
   - [ ] Full  
   - [ ] Queen  
   - [ ] King  
   - [ ] Other, specify: U/K

b. Child put to sleep:  
   - [ ] On back  
   - [ ] On stomach  
   - [ ] On side  
   - [ ] U/K

c. Child found:  
   - [ ] On back  
   - [ ] On stomach  
   - [ ] On side  
   - [ ] U/K

d. Usual sleep place:  
   - [ ] Crib  
   - [ ] Adult bed  
   - [ ] Rocking-inclined sleeper  
   - [ ] Baby box  
   - [ ] If adult bed, what type?  
   - [ ] If car seat, was car seat secured in seat of car?  
   - [ ] Twin  
   - [ ] Full  
   - [ ] Queen  
   - [ ] King  
   - [ ] Other, specify: U/K

e. Usual sleep position:  
   - [ ] On back  
   - [ ] On stomach  
   - [ ] On side  
   - [ ] U/K

f. Was there any type of crib, portable crib or bassinet in home for child? O Yes O No O U/K

g. Child in a new or different environment than usual?  
   - [ ] Yes O No O U/K  
   - [ ] If yes, describe why:

h. Child last placed to sleep with a pacifier?  
   - [ ] Yes O No O U/K

i. Child wrapped or swaddled in blanket when last placed?  
   - [ ] Yes O No O U/K  
   - [ ] If yes, describe:

---

Page 17 of 24
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>j. Child overheated?</td>
<td>Yes, No, U/K</td>
<td>Check all that apply:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Room too hot, temp</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Too much bedding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Too much clothing</td>
</tr>
<tr>
<td>k. Child exposed to second hand smoke?</td>
<td>Yes, No, U/K</td>
<td>If yes, how often:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frequently, Occasionally</td>
</tr>
<tr>
<td>l. Child's face when found:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Child's neck when found:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Child's airway when found (includes nose, mouth, neck and/or chest):</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unobstructed by person or object</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fully obstructed by person or object</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Partially obstructed by person or object</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Objects in child's sleep environment and relation to airway obstruc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. Was there a reliable, non-conflicting witness account of how the ch</td>
<td>Yes, No, U/K</td>
<td></td>
</tr>
<tr>
<td>q. Caregiver/supervisor fell asleep while feeding child?</td>
<td>Yes, No, U/K</td>
<td></td>
</tr>
<tr>
<td>r. Child sleeping in the same room as caregiver/supervisor at time of</td>
<td>Yes, No, U/K</td>
<td></td>
</tr>
<tr>
<td>s. Child sleeping on same surface with person(s) or animal(s)?</td>
<td>Yes, No, U/K</td>
<td>If yes, reasons stated for sleeping on</td>
</tr>
<tr>
<td></td>
<td></td>
<td>same surface, check all that apply:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To feed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To soothe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Usual sleep pattern</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No infant bed available</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home/living space overcrowded</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other, specify:</td>
</tr>
<tr>
<td>t. Is there a scene re-creation photo available for upload?</td>
<td>Yes, No</td>
<td>If yes, upload here. Only one photo allowed.</td>
</tr>
</tbody>
</table>

Select photo that demonstrates position and location of child’s body and airway (nose, mouth, neck, and chest). Size must be less than 6 mb and in .jpg or .gif format.
### 13. Was Death a Consequence of a Problem with a Consumer Product?

<table>
<thead>
<tr>
<th>a. Describe product and circumstances:</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Was product used properly?</td>
</tr>
<tr>
<td>Yes ☐ No ☐ UK ☐</td>
</tr>
<tr>
<td>c. Is a recall in place?</td>
</tr>
<tr>
<td>Yes ☐ No ☐ UK ☐</td>
</tr>
<tr>
<td>d. Did product have safety label?</td>
</tr>
<tr>
<td>Yes ☐ No ☐ UK ☐</td>
</tr>
<tr>
<td>e. Was Consumer Product Safety Commission (CPSC) notified?</td>
</tr>
<tr>
<td>Yes ☐ No ☐ go to <a href="http://www.saferproducts.gov">www.saferproducts.gov</a> to report UK ☐</td>
</tr>
</tbody>
</table>

### 14. Did Death Occur During Commission of Another Crime?

<table>
<thead>
<tr>
<th>a. Type of crime, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robbery/burglary ☐ Other assault ☐ Arson ☐</td>
</tr>
<tr>
<td>Interpersonal violence ☐ Gang conflict ☐ Prostitution ☐</td>
</tr>
<tr>
<td>Sexual assault ☐ Drug trade ☐ Witness intimidation ☐ Other, specify: UK ☐</td>
</tr>
</tbody>
</table>

### 15. Child Abuse, Neglect, Poor Supervision and Exposure to Hazards

<table>
<thead>
<tr>
<th>a. Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child's death?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/probable ☐ No, go to next section ☐ UK, go to next section ☐</td>
</tr>
</tbody>
</table>

If yes/probable, choose primary reason:

- Child abuse, go to 15b
- Child neglect, go to 15f
- Poor/absent supervision, go to 15h
- Exposure to hazards, go to 15g

### 16. Suicide

<table>
<thead>
<tr>
<th>a. Child's history. Check all that have ever applied:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ None listed below</td>
</tr>
<tr>
<td>☐ Involved in sports</td>
</tr>
<tr>
<td>☐ Involved in activities (not sports)</td>
</tr>
<tr>
<td>☐ Viewed, posted or interacted on social media</td>
</tr>
<tr>
<td>☐ History of running away</td>
</tr>
<tr>
<td>☐ History of fearfulness, withdrawal or anxiety</td>
</tr>
<tr>
<td>☐ History of explosive anger, yelling or disobeying</td>
</tr>
<tr>
<td>☐ History of head injury</td>
</tr>
</tbody>
</table>

If yes, when was the last head injury? __________

- Death of a peer, friend or family member          |
  - If yes, specify relationship to child: __________
  - When did death occur: __________
  - Was death a suicide? Yes ☐ No ☐ UK ☐          |

<table>
<thead>
<tr>
<th>b. Was the child ever diagnosed with any of the following? Check all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ None listed below</td>
</tr>
<tr>
<td>☐ Anxiety spectrum disorder</td>
</tr>
<tr>
<td>☐ Depressive spectrum disorder</td>
</tr>
<tr>
<td>☐ Bipolar spectrum disorder</td>
</tr>
<tr>
<td>☐ Disruptive, impulse control or conduct disorder</td>
</tr>
<tr>
<td>☐ Eating disorder</td>
</tr>
<tr>
<td>☐ Substance-related or addictive disorders</td>
</tr>
<tr>
<td>☐ Other, specify: UK ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Did child have a suicide safety plan (a document that helps individuals when experiencing thoughts of suicide to help them avoid intense suicidal crisis)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Check all suicidal behaviors/attempts that ever applied:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ None listed below</td>
</tr>
<tr>
<td>☐ Interrupted attempt #</td>
</tr>
<tr>
<td>☐ Preparatory behavior #___</td>
</tr>
<tr>
<td>☐ Non-fatal attempt #___</td>
</tr>
<tr>
<td>☐ Aborted attempt #___</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Did the child ever communicate any suicidal thoughts, actions or intent?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐ UK ☐</td>
</tr>
</tbody>
</table>

If yes, with whom? __________

<table>
<thead>
<tr>
<th>f. Was there evidence the death was planned or premeditated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐ UK ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. Did the death occur under circumstances where it would likely be observed and intervened by others?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐ UK ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. Did the child ever have a history of non-suicidal self-harm, such as cutting or burning oneself?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐ UK ☐</td>
</tr>
</tbody>
</table>

If yes, reported to others ☐ Noted on autopsy ☐ Other, specify: UK ☐
### 1. Warning signs

<table>
<thead>
<tr>
<th>Check all that apply:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None listed below</td>
<td></td>
</tr>
<tr>
<td>Talked about or made plans for suicide</td>
<td></td>
</tr>
<tr>
<td>Showed worrisome behavioral cues</td>
<td></td>
</tr>
<tr>
<td>Expressed hopelessness about the future or marked changes in behavior</td>
<td></td>
</tr>
<tr>
<td>Displayed severe/overwhelming emotional pain or distress</td>
<td></td>
</tr>
<tr>
<td>Expressed perceived burden on others</td>
<td></td>
</tr>
</tbody>
</table>

### j. Child experienced a known crisis within 30 days of the death?

- [ ] Yes
- [ ] No
- [ ] U/K

If yes, explain:

### k. Suicide was part of:

- None listed below
- A contagion, copy-cat or imitation
- A murder-suicide

Check all that apply:

- A cluster
- A suicide pact

### 17. LIFE STRESSORS

#### a. Life stressors - Social/economic

- None listed below
- Neighborhood discord
- No phone
- Lack of transportation
- Lack of child care
- Racism
- Job problems
- Housing instability
- Cultural differences
- Pregnancy
- Discrimination
- Money problems
- Witnessed violence
- Language barriers
- Pregnancy scare
- Poverty
- Food insecurity
- Tobacco exposure

#### b. Life stressors - Medical

- None listed below
- Caregiver unskilled in providing care
- Multiple providers, not coordinated
- Felt dismissed by provider
- Lack of family or social support for care
- Lack of money for care
- Limitations of health insurance
- Lack of provider-family compatibility
- Caregiver distrust of health care system
- Services not available
- Provider bias

#### c. Life stressors - Relationships

- None listed below
- Parents’ incarceration
- Argument with friends
- Cyberbullying as victim
- Stress due to gender
- Family discord
- Breakup
- Isolation
- Cyberbullying as a perpetrator
- Identity
- Argument with parents/caregivers
- Argument with significant other
- Bullying as victim
- Peer violence as a victim
- Stress due to sexual orientation
- Parent’s divorce/separation
- Social discord
- Bullying as perpetrator
- Peer violence as a perpetrator

#### d. Life stressors - School (age 5 and over)

- None listed below
- Extracurricular activities
- No listed below
- Restriction of technology
- School failure
- New school
- Electronic gaming
- Social media
- Pressure to succeed
- Other school problems
- Texting

#### e. Technology (age 5 and over)

- None listed below
- Release from juvenile justice facility
- Restriction of technology
- End of school year/school break
- Transition to/from child welfare system
- Release from immigrant detention center

#### f. Life stressors - Transitions (age 5 and over)

- None listed below
- Release from hospital
- Transition from any level of mental health care to another (e.g. inpatient to outpatient, inpatient to residential, etc.)
- Release from immigrant detention center

#### g. Life stressors - Trauma (age 5 and over)

- None listed below
- Rape/sexual assault
- Previous abuse (emotional/physical)
- Family/domestic violence

#### h. Life stressors - Describe any other life stressors:

### 18. DEATHS DURING THE COVID-19 PANDEMIC (complete for all ages)

#### a. For the 12 months before the child’s death, did the family experience any disruptions or significant changes to the following? Check all that apply:

- None listed below
- Mental health or substance use/abuse care
- Home-based services (non-child welfare)
- Child welfare services
- Legal proceedings within criminal, civil, or family courts
- Other, specify:
- Medical care
- U/K

#### b. For the 12 months before the child’s death, did the child’s family live in an area with an official stay at home order?

- Yes
- No
- U/K

If yes, was the stay at home order in place at the time of the child’s death?

- Yes
- No
- U/K

#### c. Was the child exposed to COVID-19 within 14 days of death?

- Yes
- No
- U/K

If yes, describe:

#### d. Did the child have medical evidence of a significant inflammatory syndrome (including for example, fever, laboratory evidence of inflammation, and involvement of two or more organs) requiring hospitalization in the week before death?

- Yes
- No
- U/K

If yes, was the child diagnosed with MIS-C?

- Yes
- No
- U/K

#### e. Was the child eligible to receive a COVID-19 vaccination?

- Yes
- No
- U/K

If eligible, did they receive their first dose?

- Yes
- No
- U/K

If eligible and received their first dose, which option best represents their vaccination status?

- Partially vaccinated
- Fully vaccinated
- U/K

#### f. For infants or fetal deaths only, did the childbearing parent receive their COVID-19 vaccination?

- Yes
- No
- U/K

If yes, when did they receive their first dose?

- Before pregnancy
- 1st trimester
- 2nd trimester
- 3rd trimester
- After delivery
- U/K

If yes, which option best represents their vaccination status?

- Partially vaccinated
- Fully vaccinated
- U/K
g. Select the one option that best describes the impact of COVID-19 on this child’s death:

- COVID-19 was the immediate or underlying cause of death
- COVID-19 was diagnosed at autopsy or child was suspected to have COVID-19
- COVID-19 indirectly contributed to the death but was not the immediate or underlying cause of death
- The childbearing parent contracted COVID-19, specify:
  - Before pregnancy
  - 1st trimester
  - 2nd trimester
  - U/K
- Other, specify:
- COVID-19 had no impact on this child's death
- U/K

h. Did COVID-19 impact the team's ability to conduct this fatality review?

- Yes
- No
- U/K

If yes, check all that apply:
- Unable to obtain records
- Team members unable to attend review
- Remote reviews negatively impacted review process
- Team leaders redirected to COVID-19 response

### J. PERSON RESPONSIBLE (OTHER THAN DECEDENT)

This section is skipped for fetal deaths.

1. Did a person or persons other than the child do something or fail to do something that caused or contributed to the death?
   - Yes/probable
   - No, go to K
   - U/K, go to K

2. What act(s)? Enter information for the first person under "One" and if there is a second person, use column "Two." Describe acts in narrative.

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Child abuse
| ☐   | ☐   | Child neglect
| ☐   | ☐   | Poor/absent supervision
| ☐   | ☐   | Exposure to hazards
| ☐   | ☐   | Assault, not child abuse
| ☐   | ☐   | Other, specify:

3. Did the team have information about the person(s)?

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Yes
| ☐   | ☐   | No, go to K

4. Is person listed in a previous section?

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Yes, childbearing parent, go to J17
| ☐   | ☐   | Yes, non-childbearing biological parent, go to J17
| ☐   | ☐   | Yes, caregiver one, go to J17
| ☐   | ☐   | Yes, caregiver two, go to J17
| ☐   | ☐   | Yes, supervisor, go to J19
| ☐   | ☐   | No

5. Primary person(s) responsible for action(s): Select one for each person responsible.

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Adoptive parent
| ☐   | ☐   | Stepparent
| ☐   | ☐   | Foster parent
| ☐   | ☐   | Parent's partner
| ☐   | ☐   | Grandparent
| ☐   | ☐   | Sibling
| ☐   | ☐   | Other relative
| ☐   | ☐   | Friend
| ☐   | ☐   | Acquaintance
| ☐   | ☐   | Child's boyfriend or girlfriend
| ☐   | ☐   | Stranger
| ☐   | ☐   | Medical provider
| ☐   | ☐   | Institutional staff
| ☐   | ☐   | Babysitter
| ☐   | ☐   | Licensed child care worker
| ☐   | ☐   | Other, specify:
| ☐   | ☐   | U/K

6. Person's age in years:

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | # Years
| ☐   | ☐   | U/K

7. Person's sex:

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Male
| ☐   | ☐   | Female
| ☐   | ☐   | U/K

8. Person speaks and understands English?

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Yes
| ☐   | ☐   | No
| ☐   | ☐   | U/K

If no, language spoken:

9. Person on active military duty?

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Yes
| ☐   | ☐   | No
| ☐   | ☐   | U/K

If yes, specify branch:

10. Person(s) have history of substance abuse?

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Yes
| ☐   | ☐   | No
| ☐   | ☐   | U/K

11. Person(s) have history of child maltreatment as victim?

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Yes
| ☐   | ☐   | No
| ☐   | ☐   | U/K

12. Person(s) have history of child maltreatment as a perpetrator?

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Yes
| ☐   | ☐   | No
| ☐   | ☐   | U/K

13. Person(s) have disability or chronic illness?

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Yes
| ☐   | ☐   | No
| ☐   | ☐   | U/K

14. Person(s) have prior child deaths?

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Yes
| ☐   | ☐   | No
| ☐   | ☐   | U/K

15. Person(s) have history of intimate partner violence?

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Yes, as victim
| ☐   | ☐   | Yes, as perpetrator
| ☐   | ☐   | No
| ☐   | ☐   | U/K

16. Person(s) have delinquent/criminal history?

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Yes
| ☐   | ☐   | No
| ☐   | ☐   | U/K

17. At the time of the incident, was the person asleep?

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Yes
| ☐   | ☐   | No
| ☐   | ☐   | U/K

If yes, select the most appropriate description of the person's sleeping period at incident:

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
| ☐   | ☐   | Night time sleep
| ☐   | ☐   | Day time nap, describe:
| ☐   | ☐   | Other, describe:

---

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18. At time of incident was person impaired?  
<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, check all that apply:
- Drug impaired, specify:
- Alcohol impaired
- Distracted
- Absent
- Impaired by illness, specify:
- Impaired by disability, specify:
- Other, specify:

19. Person(s) have, check all that apply:

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Prior history of similar acts
- Prior arrests
- Prior convictions

20. Legal outcomes in this death, check all that apply:

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- No charges filed
- Charges pending
- Charges filed, specify:
- Charges dismissed
- Confession
- Plead, specify:
- Not guilty verdict
- Guilty verdict, specify:
- Tort charges, specify:
- U/K

**K. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF THE DEATH**

1. Were new or revised services recommended or implemented as a result of the death?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
</table>

If yes, select one option per row:

<table>
<thead>
<tr>
<th>Bereavement counseling</th>
<th>Review led to referral</th>
<th>Referral needed, not available, N/A</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debriefing for professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funeral arrangements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetic counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home visiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**L. FINDINGS IDENTIFIED DURING THE REVIEW**

1. Describe any significant challenges faced by the child, the family, the systems with which they interacted, or the response to the incident. These could be related to demographics, overt or inadvertent actions, the way systems functioned, or other environmental characteristics. (See Data Dictionary for examples.)

2. Describe any notable positive elements in this case. They could be demographic, behavioral, or environmental characteristics that may have promoted resiliency in the child or family, the systems with which they interacted or the response to the incident. (See Data Dictionary for examples).

3. List any recommendations and/or initiatives that could be implemented to prevent deaths from similar causes or circumstances in the future:

4. Were new or revised agency services, policies or practices recommended or implemented as a result of the review?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
</table>

If yes, select all that apply and describe:
- Child welfare  Describe:
- Law enforcement  Describe:
- Public health  Describe:
- Coroner/medical examiner  Describe:
- Courts  Describe:
- Health care systems  Describe:
- Education  Describe:
- Mental health  Describe:
- EMS  Describe:
- Substance abuse  Describe:
- Other, specify:  Describe:

5. Could the death have been prevented?  
<table>
<thead>
<tr>
<th>Yes, probably</th>
<th>No, probably not</th>
<th>Team could not determine</th>
</tr>
</thead>
</table>
### M. THE REVIEW MEETING PROCESS

<table>
<thead>
<tr>
<th>1. Date of first review meeting:</th>
<th>2. Number of review meetings for this case:</th>
<th>3. Is review complete?</th>
<th>☐ N/A</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

4. Agencies and individuals at review meeting, check all that apply:

- ☐ Medical examiner/coroner/pathologist
- ☐ CPS
- ☐ Other services
- ☐ Fire
- ☐ Indian Health Services/
- ☐ Tribal Health
- ☐ Military
- ☐ Emergency medical services
- ☐ Faith-based organization
- ☐ Education
- ☐ Mental health
- ☐ Substance abuse
- ☐ Child advocate

- ☐ Law enforcement
- ☐ Physician
- ☐ Nurse
- ☐ Hospital
- ☐ Rural health clinic
- ☐ Faith-based organization
- ☐ Domestic violence
- ☐ Home visiting
- ☐ Others, list:

- ☐ Prosecutors/district attorneys
- ☐ Other social services
- ☐ EMS
- ☐ Tribal Health
- ☐ Domestic violence
- ☐ Home visiting
- ☐ Others, list:

- ☐ Public health
- ☐ Emergency medical services
- ☐ Clinical laboratory
- ☐ Mental health
- ☐ Court

- ☐ HMO/managed care
- ☐ Private insurance
- ☐ Mental health
- ☐ Substance abuse
- ☐ Child advocate

- ☐ Other health care
- ☐ Substance abuse
- ☐ Child advocate

5. Were the following data sources available at the review meeting?  Check all that apply:

- ☐ Vital statistics
- ☐ Birth certificate - full form
- ☐ Death certificate

- ☐ Health records
- ☐ Child's medical records or clinical history, including vaccination
- ☐ Hospital records
- ☐ Childbearing parent's obstetric and prenatal information
- ☐ Newborn screening results
- ☐ Mental health records
- ☐ Substance abuse treatment records

- ☐ Investigation records
- ☐ Autopsy/pathology reports
- ☐ CDC's SUIDI Reporting Form
- ☐ Jurisdictional equivalent of the CDC SUIDI Reporting Form
- ☐ Law enforcement records
- ☐ Social service records
- ☐ Child protection agency records
- ☐ EMS run sheet

- ☐ Other

- ☐ Home visiting
- ☐ School records

6. Did any of the following factors reduce meeting effectiveness, check all that apply:

- ☐ None
- ☐ Confidentiality issues among members prevented full exchange of information
- ☐ HIPAA regulations prevented access to or exchange of information
- ☐ Inadequate investigation precluded having enough information for review
- ☐ Team members did not bring adequate information to the meeting
- ☐ Necessary team members were absent
- ☐ Meeting was held too soon after death
- ☐ Meeting was held too long after death
- ☐ Records or information were needed from another locality in-state
- ☐ Records or information were needed from another state
- ☐ Team disagreement on circumstances
- ☐ Other factors, specify:

<table>
<thead>
<tr>
<th>7. Review meeting outcomes, check all that apply:</th>
<th>8. Did any of the following factors reduce meeting effectiveness, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Team disagreed with official manner of death. What did team believe manner should be?</td>
<td>☐ None</td>
</tr>
<tr>
<td>☐ Team disagreed with official cause of death. What did team believe cause should be?</td>
<td>☐ Confidentiality issues among members prevented full exchange of information</td>
</tr>
<tr>
<td>☐ Because of the review, the official cause or manner of death was changed</td>
<td>☐ HIPAA regulations prevented access to or exchange of information</td>
</tr>
</tbody>
</table>

### N. SUID AND SDY CASE REGISTRY

This section displays online based on your state's settings.

Section N: OMB No. 0920-1092, Expiration Date: 5/31/2022

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)

1. Is this an SDY or SUID case?      Yes     No    If no, go to Section O

2. Did this case go to Advanced Review for the SDY Case Registry?  ☐ N/A  ☐ Yes  ☐ No  If yes, date of first Advanced Review meeting:

3. Notes from Advanced Review meeting (include case details that helped determine SDY categorization and any ways to improve the review) or reason why case did not go to Advanced Review:

4. Professionals at the Advanced Review meeting, check all that apply:

- ☐ Cardiologist
- ☐ Death investigator
- ☐ Geneticist or genetic counselor
- ☐ Pediatrician
- ☐ CDR representative
- ☐ Epileptologist
- ☐ Neurologist
- ☐ Public health representative
- ☐ Coroner
- ☐ Forensic pathologist/medical examiner
- ☐ Neonatologist
- ☐ Others, specify:

5. Did the Advanced Review team believe the autopsy was comprehensive?  ☐ Yes  ☐ No  ☐ U/K

6. Summary?  ☐ N/A  ☐ Yes  ☐ No  ☐ U/K
8. Was a specimen sent to the SDY Case Registry biorepository?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If no, why not? Consent was attempted but follow up was unsuccessful
Consent was attempted but family declined
Other, specify:

9. Did the family consent to have DNA saved as part of the SDY Case Registry? If no, why not?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

10. Categorization for SDY Case Registry (choose only one):

- Excluded from SDY Case Registry
- Explained neurological, specify:
- Unexplained, incomplete case information
- Explained infant suffocation
- Explained cardiac, specify: (under age 1)
- Unexplained, possible cardiac and SUDEP
- Unexplained death
- Unexplained, possible cardiac
- Other, specify:

11. Categorization for SUID Case Registry (choose only one):

- Excluded (other explained causes, not suffocation)
- Unexplained: No autopsy or death scene investigation
- Unexplained: Incomplete case information
- Unexplained: No unsafe sleep factors
- Unexplained: Unsafe sleep factors
- Unexplained: Possible suffocation with unsafe sleep factors
- Explained: Suffocation with unsafe sleep factors

If possible suffocation or explained suffocation, select the primary mechanism(s) leading to the death, check all that apply:
- Soft bedding
- Wedging
- Overlay
- Other, specify:

O. NARRATIVE

Use this space to provide more detail on the circumstances of the death and to describe any other relevant information.

DO NOT INCLUDE IDENTIFIERS IN THE NARRATIVE such as names, dates, addresses, and specific service providers. Consider the following questions: What was the child doing? Where did it happen? How did it happen? What went wrong? What was the quality of supervision? What was the injury cause of death? The Narrative is included in de-identified downloads, and per MPHINCFRP’s data use agreement with your state, HIPAA identifying information should not be recorded in this field.

P. FORM COMPLETED BY:

Person: Email:  
Title:  
Agency: Data entry completed for this case?  
Phone: For State Program Use Only:  
Data quality assurance completed by state?

The development of this report tool was supported, in part, by Grant No. UG7MC28482 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services and with additional funding from the US Centers for Disease Control and Prevention, Division of Reproductive Health.

Data Entry: https://data.ncfrp.org

www.ncfrp.org  info@ncfrp.org  1-800-656-2434  Facebook and Twitter: NationalCFRP

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Appendix D

Grief Support and Information Resources
For information on local support groups throughout Tennessee, refer to the accompanying booklet, Bereavement Support Services in Tennessee.

Association of SIDS and Infant Mortality Programs
1148 S Hillside St
Wichita, KS 67211
Toll Free: 800-930-7437 • Fax: 517-485-0163
ncemch.org/suid-sids/SIDS_manual/chapter7/7_16.html

CJ First Candle/SIDS Alliance
49 Locust Ave, Suite 104
New Canaan, CT 06840
800-221-7437
cjfirstcandle.org

Eunice Kennedy Shriver National Institute of Child Health and Human Development
Public Information and Communications Branch
31 Center Drive
Building 31, Room 2A32, MSC 2425
Bethesda, MD 20892-2425
800-370-2943
E-mail: NICHDInformationResourceCenter@mail.nih.gov
nichd.nih.gov

National Center for Cultural Competence
Georgetown University Center for Child and Human Development
3300 Whitehaven Street N.W., Suite 3300
Washington, DC 20057
TTY: 202-687-5387
E-mail: cultural@georgetown.edu
ncc.georgetown.edu

National Center for Education in Maternal and Child Health
Georgetown University
Box 571272
Washington, DC 20057-1272
E-mail: mchevidence@ncemch.org
mchlibrary.org/collections/suid-sids/

NICHD Resource Center
P.O. Box 3006
Rockville, MD 20847

The Compassionate Friends, Inc.
1000 Jorie Blvd., Suite 140
Oak Brook, IL 60523
Toll Free: 877-969-0010 • Fax: 630-990-0246
compassionatefriends.org

Training
Prevention Through Understanding
Tennessee Department of Health and Middle Tennessee State University
mtsu.edu/learn/sids
sidstrainingtn.org
https://www.mtsu.edu/chhs/publications.php
References


Prevention Through Understanding: Investigating Unexpected Child Death